THE

Medical and Physical Journal.

VOL. X.] SEPTEMBER 1, 1803. [NO. LV.

Printed for R. PHILLIPS, by W. Thorne, Red Lion Court, Fleet Street, London.

DR. BEDDOES'S COLLECTION OF PAPERS ON THE INFLUENZA.

PART II.

I Must begin with expressing my regret for the loss of a letter from Mr. MORRIS, Bristol; and another from Mr. HILL, Shepton Mallet.

The first (No. 30) expressed his belief that the influenza was not contagious, principally because he had known instances, where one or only a few of a family had been affected, notwithstanding free intercourse.

Mr. Hill (No. 31) inclined to the same opinion.

32. Dr. DOYLE, Ross, Ireland, July 17, 1803.

What they call influenza here is epidemic (I may say) every spring season. It has been particularly so for six or seven years past. It generally sets in with the cold dry weather in March, and varies with the degree of intensity of the vicissitudes of heat and cold until the middle or end of May. The latter was the case this year; we had some very warm days about the middle of April, shortly succeeded by very intense cold dry winds, until the end of May, during which month the epidemic seemed to be at its height here, becoming more mild as the heat increased in June, when it disappeared almost entirely.

It first made a noise by its appearance in large cities. May this not be owing to the great number assembled? Its appearance in Ross, a large country town, and in the country for twenty miles round, varied little, as also its decline. It was little mortal in any of its stages in Ross, particularly when early attended to, but was more mortal in the country; I do think much owing to the contrary circumstances and management.

The recovery of sound persons attended to was generally the 5th, 9th, or 11th day, and few relapses happened ex-

cept in case of neglect, such were not violent; such as had the lungs before weak or affected, fared worse; and when death happened, which was not always the case even with those, it occurred about the 9th or 11th day.

Its sudden attack on whole families should induce me to think it was not contagious, but entirely owing to the then reigning constitution of the air, which was exceedingly sharp, and entirely originating from the general causes of diseases usually occurring in spring, varying in degree, and something in types, with those general causes and constitutions of the people. I could not find it communicated by clothes, further than by change in quantity or kind, which I believe sometimes procured it.

However, you must observe I am not fond of contagion, and verily believe it often exists but in the doctor's brain. In most cases of disease we cannot be at a loss for sufficient and satisfactory causes, which will excite similar disease in the same family, town, or even country, which I am certain it would be useless to recapitulate to you; and why should it not be the case in influenza, which (as far as my observation extends for some years) is chiefly of an inflammatory nature, varying to or from the real state of pulmonary inflammation, as we find in the different degrees of pleurisy, peripneumony, asthma, and other attacks on the lungs, which seems to be the organ principally, though not only affected. I have experienced, *in general*, the same plan of cure answer best, particularly when early applied, otherwise it did not answer as well as in the unequivocal pneumonia.

I said *in general*, as I think I have observed about five years past what is called influenza to partake much of an erysipelatous nature, the fever attending being much of that kind, and local attacks of erysipelas occurring exteriorly on many parts of the body, when the lungs were quickly relieved; I have not the smallest doubt but this type of disease often occurs unobserved, or is mistaken for real inflammation. In the former case bleeding did not answer except at the very commencement of the attack, and then moderate; it was destructive at any other stage.

You will observe it would far surpass the limits of this, to enter more at large on this subject; but as you have required I should say something of it, beg leave to offer you the above observations just as they occurred.

33. Mr. Hey, Leeds, July 20, 1803.

After mentioning his public and private occupations, observes, the influenza in slight cases so much resembled

a common

common catarrh, that no distinguishing criterion could be pointed out. But in general, the attacks of this epidemic were much more debilitating than in the common catarrh. Many complained of great soreness in the throat, when upon inspecting the fauces no morbid appearance could be perceived. A teazing cough was a general concomitant, though a few patients had all the common symptoms of the disease without cough.

Some felt great difficulty of respiration upon lying down, who were much relieved by leeches applied to the sternum, or the operation of an emetic. A frequent pulse and furred tongue generally attended, though many had the pulse betwixt 80 and 90, with a clean tongue, who were much otherwise indisposed.

A sudden transition took place in some, especially elderly people, from a febrile state to a state of debility. Stimulants, such as the volatile alkali, and spt. ætheris vitriolici, were of great service in such cases. If the disease was contagious, the influence of contagion must have been very rapid. But upon the whole, I should rather be inclined to call the disease epidemical than contagious.

34. Mr. Hill, Barnstaple, June 29, 1803.

The influenza appeared in this neighbourhood some time in February, and still continues to the present time.

The disease has not been general, but arose in some remote places about the same period, and in such still continues to shew itself.

In most instances, not above one or two in a family.

It was not contagious. In some families of ten or fifteen, not above one or two were affected. The same in villages.

It would be particularly flattering to convey to you some acceptable matter of observation; but so little have we seen of the disease in this neighbourhood, that I have little to offer. It has not been fatal in one instance within my knowledge, or that of my friend of South Molton, (Mr. Bryan) though we have heard of many cases; but, as far as we could trace them, they did not appear to us to have been cases of influenza. Every thing, from an aching tooth to a fractured leg, almost, has been deemed the influenza.

35. Mr. Goodwin, Wirksworth, Derbyshire, July 3, 1803.

I think the complaint first appeared in this place about the 20th of March, (I cannot be certain to two or three days)

days) and almost totally disappeared by the middle of May. It was most general about the 10th of April. This country being very populous, and the intercourse almost ...ant, I had not an opportunity of observing whether there was any difference in the date of its appearance in more or less frequented places.

After it ceased to be general, there were some single cases, but these were few, and at no very distant period from the general affection. The complaint was so common about the 10th of April, that it seemed to me to be occasioned by some peculiarity of atmosphere, and not by passing from person to person; but of this I cannot pretend to be certain, and only mention it as matter of opinion. The disease sometimes occurred more than once in the same person; some attributed the return of the symptoms to what they called taking cold; to others, the recurrence was without any evident cause. The common symptoms were, frequent pulse, pain in the limbs and head, extremely troublesome cough, sickness at stomach, great dejection of spirits, and very great lassitude. In some cases the cough was incessant, night and day; these patients had also a great deal of fever. Some had considerable difficulty of breathing, and pain in different parts of the chest. In some the tonsil glands were enlarged and very florid; and I saw some cases where the inside of the cheeks, tongue, and throat were affected with aphthæ. The symptoms commonly abated, and sometimes went entirely off, in five or six days; sometimes in three or four days; and in some cases continued much longer.

When I was called in early in the complaint, I invariably gave an emetic. I never repented this practice, as it was, *in all cases*, attended with advantage. I then ordered my patients to drink plentifully of barley water and gum arabic, infusion of linseed, and to those who could bear it I gave small doses of James's powder or tartarized antimony. In cases attended with much pain about the chest I ordered blisters, and sometimes the loss of some blood. I soon learned that much bleeding was hurtful, by bringing on symptoms of debility. I heard of some people who were incautiously bled, who sunk under the disease. I did not lose one patient. The stomachs of many of my patients were much affected by even very small doses of the preparations of antimony, and some could not bear the least particle. In such cases, preparations of antimony were immediately abandoned, and very small doses of ipecacuanha substituted, and I thought with advantage.—

When

When the mouth and throat were affected with aphthæ, I gave myrrh and bark, and with evident success. I allowed my patients to drink small beer, and a little wine diluted with much water.

36. Mr. HODGE, Sidmouth, July 4, 1803.

The influenza appeared in this neighbourhood about the middle of March, and ceased to be common about the same time in April, though after that time it now and then occurred; I have not seen many instances of its passing from one person to another, but I have seen many attacked in the same hour on the same day, and conceive it to be epidemic, resembling in many instances, particularly in old people, chronic catarrh; I have not been able to ascertain the situations least exempted from the disease. Am sorry my observations are so few; have only to add that it was not generally severe in my practice, not having lost a patient except when connected with peripneumonia vera.

37. Mr. GRIFFITHS, Cardiff, April 9, 1803.

I am induced to believe the influenza is epidemic; because, in numerous instances, several of a family have been attacked on the same day.

In the majority of cases, the influenza is distinguishable from common catarrh.

Had not the influenza prevailed, the symptoms so much resembled, in several instances, common catarrh, that I should have been of opinion they belonged to the latter.

Generally the depression was more considerable than is common in catarrh; and the disorder had, in numerous instances, all the gradations from pneumonia to low fever.

The disorder so varied in its attack and progress, that I cannot, with any degree of correctness, specify the date of the disease.

38. Mr. COOKE, Gloucester, June 13, 1803.

The influenza appeared with us in February, and became less frequent in April, ceasing gradually, if not entirely, in my practice, through the last month.

I considered it an epidemic disease; I rather suspect it did not pass from person to person, unless it degenerated into typhus, which it frequently did from predisposition in the patient, from neglect, or from maltreatment. The above, I believe, consolidates complete reply to all your queries, to which I would add, that I always observed an

 attack

attack of influenza immediately excite constitutional complaint (that is, those by which persons had been before frequently attacked) of whatever species they might be, whether rheumatism, nervous affections, paralysis, &c. and if there was a predisposition to phthisis, typhus, inflammation of any particular viscera, &c. these all occurred; but if influenza continued more than three or four days, symptoms of low fever always commenced, with reason to dread infection transferrable. The common characteristics were, fever, excessive perspiration, and little general pain, or universal pain without perspiration, accompanied with a peculiar noisy, disagreeable sensation, confined to one side of the head, nose, and face, (similar, I suspect, to the tic doloreux); this painful symptom would often baffle every attempt to remove it (after all other symptoms were dispersed) for, perhaps, two or three weeks, and then gradually or suddenly go off—sometimes terminating in abscesses in the frontal or nasal sinuses, abscesses in the ear, &c.

I have reason to think that the bladder in women was sometimes attacked with influenza, and that the eye and the œsophagus have also experienced the same affection without any material derangement of the general system in either case.

Emetics, diaphoretics, purgatives, and a generous, free dilution, was the plan I always found successful, and never observed the disease prove fatal, excepting when the chest was attacked violently, which was frequently the case with old asthmatic persons.

Your request of an immediate answer, compels me to send a rough sketch of my observations, which if of the least service to you, will very much gratify me.

39. Mr. Lomas, Aspatria, April 18, 1803.

As the disease has in general been so mild here, as to require little aid from medicine, I have had but few cases to attend to; I therefore must confess myself unable, as yet, to decide upon its contagious nature.

I have hitherto been accustomed to attribute the propagation of such complaints to an epidemic constitution of the atmosphere alone; but from instances which have recently occurred, I am rather inclined to think the present disorder contagious. The supposed mode of introduction into families; the succession of attack upon the individuals of those families; the sudden effect produced upon the system in twenty-four or thirty-six hours, after being exposed

posed to it; some families being affected generally, and others at no great distance (in country situations) being perfectly free from it, are my principal reasons for suspecting its contagious nature.

Upon close examination, I think, in general, no doubt would arise, whether the case is catarrh or influenza.

Before the frequent occurrence of the complaint excited more strict attention, I think it probable that single instances might be mistaken for common catarrhal affections. But being myself affected towards the first in this neighbourhood so differently from what I had ever experienced in common catarrh, and afterwards hearing others describe what I had felt, the idea of a prevailing epidemic struck me before I heard any account of influenza.

In some of the cases I have attended, robust men complained, all at once, of an uncommon degree of languor, lassitude, muscular pain, and soreness; in some smart, in others scarcely perceptible, rigors preceded the more violent symptoms, such as oppression at the chest, pain in the head, &c.; these last generally took place on the second or third day, with greater and more sudden depression than I ever saw in common catarrh. In all there has been a great sensibility of external cold.

Although I have employed the lancet in two instances with good effect, yet, in general, I think the disease borders more upon low fever than pneumonia.

I cannot say that I saw a well-marked influenza before the 8th instant; it is now becoming daily more prevalent.

40. Mr. Lawrence, Cirencester, April 14, 1803.

I am not able yet to determine from my own observations, whether the influenza is contagious or otherwise. I think it may be communicated from one person to another, yet my observations lead me to consider its powers in that way to be weak.

I ground my opinion chiefly from having seen several instances where only one, and where only two, in families consisting of greater numbers have hitherto felt the disorder; some instances have occurred where two have slept together, and one only received it; this happened in my own family. Again I must observe, that it has appeared in families where the most, and likewise the whole, have felt it in succession.

In many cases I have remarked its great resemblance to the common catarrh; yet different constitutions seem to

admit of considerable variety in the symptoms; in so much, that by comparing a number of cases, it may, I think, be distinguished from that disorder.

In some cases the symptoms so much resembled those of common catarrh, that I should have considered them such, had my mind been free from the idea of influenza.

Often the depression has been great and sudden beyond what is seen in common catarrh; gradations from pneumonia have been very frequent even down to feelings of great debility. I have seen no case shewing a disposition to degenerate into low fever.

The first case of well marked influenza I saw, I believe was on the fifth of March; it happened to be a robust healthy farmer, who the week before, on a journey into Essex, passed twice through London; he lives in a village about five miles from hence, where, at that period, the influenza had not appeared, but was then universal in London. Many cases come now daily before me, for it very much prevails at this time in this town, and in the neighbouring villages.

41. Mr. Custance, Kidderminster, June 13, 1803.

I need not trouble you with any particulars of the characteristic symptoms, as they are not only well known to you, from your own observation, but also from the different publications on the subject by various practitioners.

Whether the influenza has been a *contagious* disease or not, I really cannot satisfactorily determine. I am of Sir Roger de Coverley's opinion, when he so wisely decided, upon another occasion, that "much might be said on both sides;" however, upon the whole, I think that the preponderance of probability is in the scale of contagion. I will now state a few facts, that appear to me to favour this supposition. The influenza certainly gradually passed from one town to another. It prevailed at Stourbridge about a fortnight or three weeks before it was noticed at Kidderminster, and it was another fortnight before it appeared at Bewdley, which is three miles on the other side of us, so that it should seem to have travelled in a north-east to a south-west direction.

The first cases I saw of it, were three children, in one family, who sickened within a few days of each other; the father and mother both were attacked in about a fortnight after. The gentleman had it so severely that he did not recover from it in less than ten or eleven weeks. In my own family, my two servants were attacked together, and I was

I was severely and suddenly seized about ten days after. My bowels were from the first very much affected, and the subsequent debility was considerable, and continued for a month or five weeks. My wife and child were so slightly affected, that it is doubtful whether they had it at all; and a sister of Mrs. Custance, who resides with us, certainly escaped altogether; but it very rarely happened that *part* of a family escaped. Many persons are persuaded that they were attacked repeatedly with it; but I think this a mistaken notion, and rather am of opinion that they had not completely recovered from the first attack, before some of the symptoms were aggravated by indiscretion and carelessness. Nevertheless, in one instance, I believe a child was seized a second time, a month or six weeks after she appeared quite well of the former attack. A gentleman, who had been confined to his room ten weeks with a broken leg, was free from the complaint during its rage amongst us, although many people daily visited him, (especially myself and other medical friends) yet he got about into the air only a few days before he shared the fate of his neighbours. The instances of mortality have been very few indeed amongst us. I lost three patients, one a girl of fourteen years old, the other two under a year; and I am persuaded that my medical brethren here were equally fortunate.

We considered and treated it as an inflammatory disease, with the precaution of bleeding very sparingly or not at all. Debility so soon supervened, that I always preferred blisters to bleeding; the latter was employed in only one case by me. The following mixture I found invariably useful after the first stage of the disease.

℞. Tinct. opii, gt. xx. spt. ætheris vitriol. ʒiij. infus. gent. c. ℥vj. ℔. to be taken according to the age of the patient.

I forgot to mention, that several individual cases of influenza have occurred since it ceased to be a general disorder.

42. Dr. Turton, Swansea, June 19, 1803.

Whatever information my memorandums or recollection can furnish you with, respecting this singular epidemic, I will with much pleasure communicate.

Its first appearance here was about the middle of March, and was preceded by sore throat and other diseases of debility. Its duration was not more than three weeks.

The general seizure did not appear to be different in date

date here and in the country round. I saw two or three at some distance from hence before I was attacked myself.

Whether it was communicated from person to person, or whether the blow was generally produced from the same atmospheric cause, it is not very easy to determine.

It is however to be marked, that many families were not affected at all; and that when one of a family was seized, it seldom failed to extend its influence in a greater or less degree to most of the members of it.

The aged and infirm, and those who were from any cause much debilitated, suffered severely.

Of my patients only one died, and she had been previously bled before I saw her.

Those who persisted in the use of wine and good food were but little affected, and were soon restored. Children were principally afflicted in the eyes and lungs; women and puny persons with long continued catarrhs; men at the first attack had great confusion of intellect, probably from torpidity of the meninges of the brain.

The seeds of phthisical complaints were sown in some tender habits; and I am afraid its ultimate mischief is not yet vanquished.

The same causes, whatever they were, may again produce similar effects; it will therefore be desirable, whenever it happens, to have the collected opinions of men who personally and professionally marked its progress.

Epidemic diseases are too apt to appear and vanish without concern beyond the period of their existence, and with very little more than traditional memory of their relation, symptoms, and effects.

I rejoice exceedingly that you are about to register the history of this malady, which has certainly appeared before, and will doubtless appear again.

Did it not follow the line of the earthquake? and was not the earthquake some few years ago succeeded by a similar national affection?

43. Mr. Beaumont, Melbourne, Derbyshire, July 15, 1803.

1. The influenza appeared as early as the latter end of January, but became very general in February and March, and did not disappear till the latter end of May or the beginning of June.

2. As far as I can recollect, it appeared in a neighbouring hamlet before it appeared in Melbourne; this I am clear in, that it was much more general in that hamlet, before it was thus general in Melbourne.

3. We

3. We had single instances with us after it ceased to be general.

4. With respect to this query, whether it passed from person to person or not, I cannot so well answer. In many cases it appeared pretty clearly to do so; and again, in others, it was very difficult thus to trace it, it seemed rather to affect almost the whole family at once.

I shall just observe, that from what I have read and heard of the influenza, the inhabitants of this town and neighbourhood have been much more favourably dealt with, at least as to general attack and violence in individual cases, than many other places in the kingdom.

44. Mr. Pearse, Honiton, July 12, 1803.

1. The influenza appeared here the first week in March, and ceased about the middle of May.

2. It appeared in the neighbouring parishes at the same time that it did in this town.

3. By the end of March it was very general in the town and country, and continued so all through April and the first week in May, when it abated, and but a few cases appeared afterwards in a slighter degree.

With respect to your fourth query, whether it was propagated by contagion? Your superior judgment is better able to decide. The disorder was in many instances sudden in its attack; several were taken in the market, and came immediately to me for assistance; some whole families were seized with it, while, in other instances, two or three of a family would escape. I myself was taken down the second week in March; my daughter three days after my attack; a young man, my pupil, had it slightly near three weeks after, but not any one of the family had it besides, though constantly together.

Several whom I have attended, after being confined for three or four days, have got apparently well, but who have relapsed; the disorder has been more severe on them than the first seizure, and continued for seven or eight days. Nurses who have attended the sick, some have escaped, and some have had the disorder slightly.

45. Mr. Cambridge, Minchin Hampton, Gloucestershire, July 28, 1803.

The first appearance of influenza in this neighbourhood, which came to my knowledge, was on the 16th of February,

ary; the last patient I attended, recovered the beginning of May.

In most instances, the disease, in its progress, was eight or ten days, though some continued ill several weeks, whilst others recovered in a few days.

After the epidemic became general and was on the decline, some who had not been previously affected were seized in a greater or less degree, and were longer recovering than those who were earlier affected.

From the observations I have been able to make on this disease, I remarked, that different constitutions were very differently affected. The most general symptoms I met with, were prostration of strength; a sudden and extreme debility of the whole system; an acute pain affecting chiefly the fore part of the head; a sense of stricture across the chest, as if bound round with a cord; a hard cough; a slow fever with a small weak pulse, and great depression of spirits. These symptoms were present, generally, the second day, accompanied with catarrh. I have met with many instances where the symptoms were widely different, varying in degree in different persons.

In others, the disorder manifested itself differently and betrayed symptoms of pneumonic inflammation; in some the pulse was quick and strong, beating an 100 strokes and upwards in the minute; great thrist, a dry foul tongue, with anxiety and nausea. Asthmatic patients suffered very severely, and some, I am informed, died from suffocation.

46. Dr. FRAZER, Wisbich, Cambridgeshire, May 5, 1803.

The first case I saw of the influenza was in this town on the 11th of March, about which time it shewed itself in a great number of families. No instance of the disease (within my knowledge) had previously occurred in the circumjacent country; but in a few days, and before we could suppose the contagion could pass from one person to another, the whole neighbourhood for several miles, was affected. Persons living in most retired and isolated situations were attacked. It raged with great violence for a month in both town and country, when it began to decline.

From the 11th of April to the beginning of May, I have seen the disease occasionally, but it was no longer an epidemic, it appeared sporadically, and now at least not at all contagious. When this disease prevailed the most, and was attended by the worst symptoms, the weather was remarkably

markably warm, the air dry and sultry, such as it is often observed in this country to be in July and August, previous to our sickly season, which follows in September and October. In the fenny parts of this county, and especially in the neighbouring parts of Lincolnshire, the influenza was soon complicated with or followed by a bilious remittent fever, of short duration, and often fatal termination. The sufferers were, in almost every instance, labouring poor, whose houses and beds were filthy, their diet scanty and of bad quality, who had little medical attendance, and who too often had recourse to spirituous liquors. The wealthy, on the contrary, in every case within my knowledge, escaped (i. e. recovered). Before I received your letter, I have often agitated within myself whether the influenza was propagated from person to person by contagion, or depended on a peculiar infectious state of the atmosphere. I have been much puzzled by what appeared to me contradictory evidence; but, upon the whole, I was inclined to refer the whole disease to the atmosphere. Several families, consisting of many individuals, were attacked nearly on the same day.

On the 16th of March, I was requested by a humane clergyman, as I rode along the road, to visit three poor cottagers families, who lived in a sequestered situation. In one family there were a man, two women, and four children, all of whom, together with the two other families, were attacked within twenty-four hours of each other. I have observed in many instances persons residing in the same family, and even sharing the same bed with the diseased, who have escaped; but I consider this fact as militating as much against the hypothesis of an infecting atmosphere as against the other opinion. My chief reason for supposing the disease to depend on the atmosphere was, from observing it in so many instances to be soon complicated with or followed by the prevailing diseases of the country, and which are not in themselves infectious. I think also that most of those who escaped were elderly persons or young children, who from their occupations or age were much confined to the house.

The measles and scarlatina, or any other infections disorder in this country, does not spread so rapidly, and embrace such a number of persons at the same time, as the influenza has done; besides they are diseases against which we are generally guarded, and endeavour as much as possible to avoid. If the disease has lately appeared to attack a single individual in a family where none were attacked before,

before, and without infecting any other in the family; and if this fact has frequently occurred, as I think it has, does not this go far to prove the disease not contagious? But *suppose* it to be a fact, and it is equally if not more hostile to my hypothesis. Both sides of the question labour under great difficulties; the field of objections is too ample and difficult for me to enter on, and I must content myself with a few hints for your consideration. I have seen some instances where the disease in question seemed plainly to be communicated from the sick to the healthy, in others it gradually extended through a large family in a few days, while those who kept out of its way, have altogether escaped. I have been sometimes disposed to think, that the influenza was first produced by external causes existing in the atmosphere, and was afterwards propagated by human contagion. Is not the plague often produced and propagated in this way? and from what I have observed and seen of the yellow fever, I am disposed to think the same of it. I approve highly of your practice of fumigating with nitrous vapours, and have no doubt but it prevented the progress of the disease; but might not the same effects be produced, supposing the disease depended on atmosphere miasma? It at least corrected the atmosphere where those exposed passed most of their time. Your information respecting the re-sowing of barley is probably correct. I have not been in those parts of Norfolk where barley is sown, but have observed that the oats here have been much blighted by parching winds.

In a particular district of this country, a fever of a peculiar nature has prevailed, resembling the yellow fever in its symptoms, the rapidity of its progress, and fatal termination. I have often thought fumigations would be useful, but medical men are seldom at hand to direct them.

47. Dr. Frazer, Wisbich, Cambridgeshire, June 12, 1803.

The influenza, which, as I before informed you, ceased here about the middle of April, made its appearance again in May; the leading symptoms were the same as in the first attack. About the same time also a most malignant fever, having some symptoms in common with the influenza, began to rage in that part of Lincolnshire contiguous to us, which has proved fatal to hundreds.

I have myself been severely attacked, I think, by influenza, and confined to the house for the last twelve days; the

the fever has now left me, but a troublesome cough, &c. still remain.

From this statement you will perceive that it was utterly impossible before now to indulge myself in the strong inclination I felt of writing to you. I find by the last number of the Medical and Physical Journal, that medical men are much divided in their opinions as to the causes of influenza. I perceive that you lean to that side which considers the disease in its origin and progress, as depending on human contagion. The arguments on this side I confess are strong and numerous, but I am less than ever inclined to subscribe to them, though I confess I am not able to refute them. In my last letter I informed you the disease appeared here in a great variety of persons at the same time. The town of Wisbich had, at that period, a circumvallum of health; none of the neighbouring villages had been visited by influenza; and if the disease was imported here, why did it not affect our neighbours, through whom the infected persons must have brought it? *Very young* and *old* people here have generally escaped, and many, of all ages, in families where the disease severely afflicted others. I am aware that this last fact militates against my own theory, because it may be said, if the cause of the disease existed in the atmosphere, why were not all affected? I have scarcely any reply to this, but the old one *of different degrees of susceptibility,* and this reply is applicable to both sides of the question. But is it not only possible, but probable, that contagious particles may exist in the atmosphere, totally unblended and separated from its other component parts? and may not these particles be taken in by some, while others altogether escape? May they not also be taken in, in greater or less proportion? Many parts of England have not been visited by the influenza; how is this to be accounted for? Not surely by saying they had no communication with the diseased. I have seen the disease in the most sequestered situations. It may be worth while to inform you a little as to the country I now inhabit; it is a country *sui generis.* We have a few inconsiderable rivers moving sluggishly to the sea, but every four or five acres for twenty miles around me, is surrounded by a ditch with stagnated water. When these ditches are filled with water, the people are healthy, and, in proportion as water diminishes, our endemic diseases increase. We had very little rain here during the winter and spring, but much dry weather, and unusual warmth in the spring months. These are the reasons, in

my

my opinion why influenza was complicated with our endemics; and they lead me also to believe that influenza is a weed of our own growth, that is, that it would have appeared here without communication with any other place. What you observe with respect to the extending influence of miasmata is I think perfectly correct. It may be limited to half a mile or so, but we are not certain that that limitation depends upon miasmata being diluted by commixture with the atmosphere; there may be other causes. Some years back, while residing in Virginia, I visited a gentleman living in the county of Essex, upon the Rappahamac river. When this gentleman succeeded his father, he told me that he cut down a grove of trees that intercepted his view of the river, and also a marsh which lay near the river. Agues till then were unknown in his family. In the following and several succeeding years, almost the whole family, consisting of a number of Negroes and Whites, were attacked with intermittent fevers, and continued to be so until he replanted the trees, the removal of which Mr. Lomax at length suspected to be the cause of disease. Trees in that country are of rapid growth, and in a few years Mr. L. and his family were completely freed from the ague.

The re-appearance of the influenza after it had ceased for a fortnight is an argument with me for supposing the disease not contagious. In its second visit it did not affect several in a family as at first, but was confined to one, or at most two. I have seen a few cases in which the same person was twice attacked. Your patient, Mr. H. tells me, he had influenza at Clifton, and he certainly had it here.

Being struck with the re-appearance of the influenza, I took the liberty of questioning Dr. Frazer concerning the exact agreement of the first with the second complaint. In a letter, dated July 4, he says:

" I am certain the influenza re-appeared in this neighbourhood with all the general symptoms which first distinguished it. I have now two patients, whose cases are as compleatly marked as any that occurred to me in March."

48. Dr. Clark, Newcastle, Tyne, May 25, 1803.

I am most decidedly of opinion, that the influenza of this year spreads by contagion, although I have not been able to trace its introduction into this part of the country with that certainty I did in 1782. But as it appeared first in the sea-ports, and has, and is still, gradually extending itself into country villages, it appears probable that it was imported

ported from London. It did not appear as an epidemic in this town till the beginning of the second week of March, and was at its height during the fine temperate weather in April.

Dr. Winterbottom gives me an account of some Negroes, from Sierra Leone, who have been apprentices to mechanics both here and at London, all of whom have had the influenza.

49. Mr. Barlow, Blackburn, May 27, 1803.

The enquiries you have stated respecting the nature of the influenza, I will endeavour to answer with as much precision as time and circumstances will admit, but not having had any prior intention of publishing my observations on the subject, you will consequently conceive that I am less prepared to convey my sentiments to you than I otherwise might have been. The existing difference between the influenza and common catarrh, appears to me to rest in the greater degree of febrile symptoms, resembling those of typhus, and the continued period to which the fever has in a greater number of cases been protracted in the former than in the latter disease. Some of the leading symptoms attendant on catarrh have been comparatively mild, and in many instances totally wanting in the influenza, such as sore throat, hoarseness, sneezing, and defluction from the eyes and mouth, when the other symptoms of a more malignant nature, as frequency of pulse, pains of the limbs and chest, extreme restlessness and anxiety, (and in a few instances of females, syncope) with great prostration of strength, and confusion of ideas amounting during the night to delirium, have marked the peculiarity of this epidemic, and shews in some degree the difference betwixt the two diseases, though in a majority of cases the leading characteristics have been nearly concomitant.

The influenza pervaded this town and neighbourhood about the beginning of April, and disappeared in about the space of six weeks; during this period the weather was milder than it generally is at that season of the year, and some part of the time the heat was greater than what is common in this district; yet this state of temperature produced no manifest change in arresting the progress of the disease, when in all probability, and under similar circumstances, catarrhal affection alone would have disappeared; and no difference was observable either in the appearance or disappearance of the disease, betwixt that of the town and adjacent country. With regard to the distinction be-

tween common catarrh and the influenza, as far as my observation goes, I am led to believe, that its progress in pervading the different districts of this island in succession, together with the diversity of symptoms above stated, render the two diseases in some degree different. To what this distinction is ascribable, whether to some specific state of the atmosphere, or susceptibility of constitution in particular classes of society of imbibing contagion, I am at a loss to determine; nevertheless, the disease has been comparatively less general amongst children than adults, and of much longer duration in the latter than the former; this circumstance however proves nothing, for we frequently observe diseases affecting children when adults are in a great measure exempted, such for example is the scarlatina.

I am well aware of the difficulty of establishing the truth respecting the contagious or non-contagious nature of the influenza; and with regard to its general diffusion amongst families where I have attended, I have not observed any material difference between the power of propagation of the influenza, and what has occurred at other times in the typhus fever. In many instances it has been diffussed through whole families; in others, though more rarely, the disease has only affected one or two individuals out of a number in the same family, and where they have slept in the same room. With respect to the fatality of the influenza in this town and its vicinity, I believe the cases of this description have been few; and out of a considerable number whom I have attended, only one terminated fatally; this was a person considerably advanced in life, and who had been long afflicted with an asthmatic affection. It will be unnecessary to particularize the mode of treatment in this disease, presuming that it is little different from the general practice adopted by others.

50. Dr. Bardsley, Manchester, June 15, 1803.

Your plan of prevention, by the means of separation and fumigation, appears to be best calculated, from the evidence of former experience in checking the spread of contagious fever, to obtain this desirable end. I have considerable reliance, from many and repeated trials, on the power of acid fumes to weaken the force of, if not altogether to destroy, febrile contagion; and I am glad to find, that fumigation succeeded in your attempts to stop the progress of influenza. I cannot say it was fairly tried in our House of Recovery, but it certainly formed a part of our customary preventive plan, at the time the nurses fell sick,

sick, when attending upon the patients labouring under influenza: Yet as these nurses were not precluded from associating with the other domestic servants of the house, who were likewise afflicted with the disease, and concerning whom, no plan of fumigation or any other mode of prevention was put in practice; there ought not, perhaps, to be much stress laid on this point. The utility of separation is abundantly manifest. The facts, stated to have occurred in our lunatic hospital, shew this in the clearest point of view. But I proceed to answer your two queries.

I have lately seen more than a solitary instance of the occurrence of the epidemic, since it ceased to be general in this place, at the beginning of May. Other practitioners here have met with a few similar cases. I cannot affirm that the origin of the disorder, in these instances, arose from contagion being communicated through the medium of articles of dress or other families; but I think it not unlikely to be the case, as most of the members of the families, in which these solitary cases happened, had previously undergone the disease; and it was never thought necessary to adopt the usual precautions, (which all families, more or less, put in practice, after the existence of a contagious fever in their dwellings) to secure those who escaped the malady at an early period, from the danger of future infection.

The epidemic appeared in Manchester at an earlier date than in the neighbouring towns. An interval of about ten days elapsed from its spread here to the time of its reaching Bolton and some other populous places, situated at about twelve miles distance. It seemed to diverge from Manchester, as from a centre, to the surrounding country; but certainly appeared in the more crowded and populous towns, placed at the extremities of the circle, than in the intermediate space, which contains a thinner and more scattered population. This may be explained from the greater intercourse subsisting between the larger manufacturing towns and Manchester; and likewise from the consideration, that in towns, where the inhabitants are crowded together, the propagation of contagion is much more favoured than in less populous country villages and detached dwellings.

51. Dr. Redfearn, Lynn, Norfolk, May 23, 1803.

I have been favoured with your letter, requesting any information I could send you, relative to the late general epidemical catarrhal fever, or influenza.

From the result of my professional experience in this town and its vicinity during the prevalence of the above mentioned epidemic, there have occurred many corroborating proofs of its infectious nature. (viz.) One individual being seized out of five or six in a family, and all the rest having fallen ill in succession. Wherever this has happened, the origin of the disease might in my opinion, be satisfactorily traced to the first person affected. Yet, on the other hand, it must be acknowledged, that I have met with some few exceptions to this statement, and directly the reverse; as, where one or two in the same family have been attacked with strong symptoms of the influenza, and all the rest have escaped; but exceptions of this kind happen in all other febrile infectious disorders, nor do I know that this non-susceptibility with respect to contagious impressions, can be referred to any particular age.

The influenza raged here in the warm weather, as it did in the other adjoining counties.

I do not know of any instance where it terminated fatally in this town, although few were exempted, more or less, from its attacks.

In reply to your enquiries, that in some parts of Norfolk the soil (naturally light of itself) has been made so loose by the dry winds, that the sown barley was laid bare, and that is was necessary to sow again; I have endeavoured to obtain the most accurate information from some respectable and intelligent farmers in different situations, and find that the case has actually been so; they think the atmosphere has been drier this year than it has been for some years past; and to this they attribute the effects of the wind on the barley-fields being so general.

52. Mr. Hadley, Derby, June 18, 1803.

The influenza began in this town about the beginning of March, and declined in a great degree about the latter end of April.

It prevailed at Ashbourne, in this county, about a week or ten days sooner than it did in this town, and I heard of a few cases in the north west part of the county still earlier.

Single cases occurr.d for some time after the disease ceased to be general; I have met with a few so lately as the latter end of May.

I am disposed to think the disease is not very infectious, for although I have seen several patients in the same family with the complaint, I have not been able to ascer-

tain

certain that those servants, and other parts of the family, who have slept with persons labouring under the influenza, have been more liable to it than such as have not been so immediately exposed.

Considering the disease is not very, if at all, infectious, I cannot say that I have known it spread from fomites.

In the treatment, I have found it necessary to bleed only six patients out of 200 or 300, and I have met with only one case which proved fatal, and that was in an old asthmatic patient; the disease in general yielded to the use of mercurial laxatives with antimonials, and the use of blisters, if the cough or pain in the chest were urgent. After the febrile state was removed, the debility and cough in many cases were very great, and which were very much relieved by the use of bitters and the digitalis.

53. Mr. Reddlesden, Ashbourne, Derbyshire, June 28, 1803.

In answer to your queries, I have to inform you, that the influenza appeared in this town the first week in March, and increased rapidly during the whole of that month, and began to decline toward the latter end of April.

It did not visit the neighbouring villages before the 18th of March; all these places have frequent communication with Ashbourne, being their market town.

Some few individuals were attacked with this disease after it had ceased to become general.

I have reason to believe it is strongly contagious, as scarcely one of the family escaped when it invaded a house.

As an example, among many others, I was employed in a school for young ladies, with a family of forty persons, none of whom, to the best of my knowledge, escaped the disease.

P. S. It may not be amiss to observe, that I heard it was at Derby before we had it.

54. Dr. Currie, Chester, July 19, 1803.

1. The first case of influenza I saw, occurred on the 30th of January. The disease gradually increased in frequency during the two first weeks of February; about the middle of the month it became very general, and continued to prevail till the middle of April, when its violence abated considerably. Cases, however, continued to occur during the remainder of this month, nearly, I think, in the same degree of frequency as at its commencement in the two

first weeks of February. The last case I saw was that of a medical friend far advanced in life; he had been busily employed in attendance upon the sick during the whole of this epidemic, but escaped till the first of May, when, having been exposed to considerable fatigue from a long journey, and other circumstances, he was in the evening attacked with the influenza; some slight degree of hæmoptoe afterwards occurred, and he sunk under the disease with all the symptoms of peripneumonia notha. He had for some years had tender lungs, and been subject to catarrhal affections in the winter.

2. In several situations in our neighbourhood the influenza was later in its appearance than in Chester.

3 & 4. I consider the influenza as an infectious disease: this will appear from its progress in my own family. My youngest son, a boy, was attacked with the influenza on the 30th of January; his mother was seized with it upon the night of the 6th of February; my eldest daughter was taken ill upon the 15th of February; and upon the 23d and 24th of the same month, the whole remaining part of my family, twelve persons, were seized. On the 25th of February, the servants being rendered incapable of doing the business of the house, a woman from the neighbourhood was brought in to assist. She remained with us one week, and, on the 8th day from her entering my house, she was seized with the influenza. Her husband was taken ill upon the same day. It is necessary to observe, that she went home every night; this appears as if the husband was infected by fomites.

The following fact appears worthy of observation. At Holywell, a populous town in Flintshire, eighteen miles from Chester, and where there is a large cotton manufactory, a typhus fever of uncommon malignity had prevailed for a considerable time; the manufacturers and inhabitants of the town had not been free from it for more than two years. On the appearance of the influenza the typhus entirely ceased, and only one case of fever has occurred since. I have not for many years known this country so healthy as since the influenza disappeared.

65. Mr. Baddeley, Newport, Shropshire, June 27, 1803.

I know little of the influenza, except from my own and family's sufferings; seven out of nine of which were at one time, in different degrees, afflicted with it. I have been ill from it, more or less, since January last; my life was in great danger, and though I am much mended, I am not

not yet well; every change of the wind, or the weather, renewing my hoarseness and cough, with alarming sensations of suffocation or choaking, which have distressed me from the beginning; the cough is truly spasmodic. My partner, who, from my confinement saw most of the cases, is, with me, of opinion, that it is infectious, as it went through most families where it began; though from the following circumstance we have reason to think, that with care and attention, it may have been prevented; for, in a school for ladies in this town, of near thirty boarders, two of the children had the influenza, but by carefully separating them from the rest, and keeping the fumes of Henry's vinegar constantly in the room, and about the bed, all the rest of the family escaped it; but this is the only instance of prevention I knew practised.

We think the influenza began to make its first appearance among us about the latter end of January last, and became most general in March, since when it abated; but I have seen a solitary case within this fortnight. It appeared to me that the east wind, or any portion of it, increased and aggravated the complaint.

We have not been able to discover any difference in the time of its commencing in this small town and the adjacent country.

We have no instance in our practice by which we can determine the communication of the disease by clothes, or such like.

56. Mr. Du Gard, Shrewsbury, April 18, 1803.

1. The first case that I perceived was on the 20th of February, in a little boy at the public grammar school in this town; he was seized with the symptoms of influenza, and was ill a week: his bedfellow was not infected by him, nor were any of the boys in the room, and there were twenty in the same apartment: nor did any one in the house become attacked with the disease till this boy had been well eleven days, at which time five or six were taken ill, and the same number daily, till four-fifths of the school were affected.

At a lady's boarding school the influenza first shewed itself on the eleventh of March, and in the course of the two and three following days between forty and fifty young ladies sickened. In a week they were all well again.

At a thread and linen manufactory, about a quarter of a mile from any part of the town, a house is appropriated for the dwelling of about two hundred apprentice girls.—

 The

The influenza appeared there on the 16th of March, when six or eight were attacked. The disease continued eight or nine days, in which time not more than eighteen had it.

2. The influenza here has been generally accompanied with symptoms which denote inflammatory action.

3. About two-thirds of the patients that I have attended, have complained of an affection of the chest.

4. The pains of the limbs resemble much more those of synochus than those of acute rheumatism.

5. Most of the patients that I have seen, in all about 158, have had some disturbed action of the stomach and bowels; many have had diarrhœa, others vomiting, and some constipation.

6. In young subjects the complaint has generally gone off with very little expectoration. In the middle aged there has frequently been an inability to take a full inspiration; and many old people have died from suffocation, occasioned by the copious secretion of mucus in the chest, and the consequent want of due oxygenation of the blood. In some bad cases the patients have looked very livid for a few days, and yet have recovered.

7. The influenza appears to me to be infectious, and the contagion to operate in about twenty-four hours.

8. Some cases where the pneumonic inflammation has run high, blood-letting has been advantageously employed. In a few instances it has been necessary to repeat the operation, and in some elderly patients, the cake on the surface of the blood has curled in at the edges, quite as much as I ever remember to have seen it in pleurisy. In general, however, the disorder has yielded to the operations of calomel, antimony, and blisters,* without the aid of the lancet.

9. Gentle perspiration after an emetic was useful—profuse sweats kept up by heat were universally injurious.

10. Copious evacuations by stools, and the repeated employment of calomel, uniformly did good.

11. Opium given at first in large doses, or at all, seems to have done great mischief, which I have had opportunities of witnessing repeatedly. At the decline of the disease in elderly people, where the breathing has been quick

* Inflaming the skin very much with mustard cataplasms, has seemed to produce a better effect than blisters, and repeated when the oppression at the præcordia was great.

quick, five drops of laudanum with aq. kali, repeated every four or six hours, has been of great service. In these cases the short breathing I have supposed to be owing to debility and deficient absorption in the lungs.

About January, a great number of cats in Shrewsbury became seized with what is commonly called the *Hoost*, swelled heads, defluxion from the eyes and nose, with vomiting, sometimes purging, and sometimes costiveness. Some died, and others were relieved by means of opening medicines.

At the time the human species became a prey to the influenza, the dogs and horses were evidently affected: a few of the former have been seized with phrenitis, running about the streets biting every thing they met, and were killed as dogs labouring under the hydrophobia. Some persons who were bitten by one of these dogs, could not be satisfied till the part had been extirpated. I believe the disorder to have been simply phrenitis, because some dogs, so affected, have recovered, which favourable termination is supposed never to occur in hydrophobia.

Mr. Du Gard, Shrewsbury, May 9, 1803.

The instances of solitary cases of influenza are very rare. I have not in the course of my practice met with one, nor have any of the profession here; even supposing that there had been such cases, does it argue that the disease was not contagious?

The influenza was certainly sooner over in this town than in the villages around it.

During the Lent assizes the influenza was exceedingly prevalent in Shrewsbury: most of the country gentlemen composing the Grand Jury came to town in health, but very few returned without taking the disease along with them. At these assizes a cause was tried from Clun, twenty-seven miles S. W. of Shrewsbury; most of those who came here on that account were taken ill of the disease on their return, and spread it all over that little retired town.

Have you heard whether it was among the shipping?

The form of our jail is a quadrangle; the disease appeared in it on the 14th of March, and only thirteen prisoners had it out of about seventy, and all those were on the southern side of the prison.

In my former letter, I mentioned that a number of girls at a boarding school in this town had the complaint. I did not then inform you that it was also a day school, and that

that those who lived in town, and came from infected houses, in all probability brought the disorder to the rest of their school-fellows. I have since learnt, that at another school, consisting *entirely of boarders*, not one of the young ladies (in all about twenty-six) had the complaint, owing probably to the care of the governess in not exposing them to infection.

I am told, from good authority, that at the Ketley Iron Works, whenever one person became affected with the influenza, it almost universally spread to all the people employed in that particular department.

It is the opinion of all our physicians and professional men, that the influenza is contagious.

Is it not possible, that when a town becomes filled with infectious matter, a calm atmosphere may, at times, be so far saturated with contagious poison, as to communicate the disorder, without contact, to habits susceptible of morbid action?

Might not light be thrown on the question of contagious and epidemic diseases, by investigating their progress in countries where there is little interior intercourse, compared with the incessant and universal communication through the different parts of this kingdom?

I cannot say that I have known it communicated by the clothes.

The influenza appeared at Welch-pool about the middle of March; it has been very prevalent, but in general not severe. Almost the whole of the Montgomeryshire militia quartered there have had it, and many are still ill.

The debility was the criterion by which I distinguished the influenza from common catarrh.

A cat was attacked with what I supposed to be the influenza; it was caressed by a little boy during the time of its illness, and the child became indisposed in about twenty-four hours; he was removed to another house, where he infected his two attendants in about the same time—these three cases were severe. The cat was costive, and by the advice of one of the family, had an injection: it was held by six people, five of whom were seized in the course of forty-eight hours with the influenza.—Is it probable that these people were infected by the cat, or was it only a coincidence?

Fumigation is employed to purify the air in the Salop infirmary morning and evening, and the floors are mopped with lime-water some hours previous to the first process; it did not, however, prevent the introduction of the influenza;

fluenza: indeed, how should it, when the friends of the sick are perpetually visiting them from the town?

53. DR. THORP, Ludlow, June 2, 1803.

The influenza made its appearance here about the latter end of February, and still continues, although in a trifling degree; it has been gradually declining for more than three weeks. It reigned with considerable violence for more than a week in Worcester, Birmingham, and Shrewsbury, before it made its appearance in Ludlow. Our situation might probably render us less liable to a disease of that nature, than many larger, closer built, and more populous towns; in addition to which I have observed, that those living in low situations have been first affected, and afterwards those on higher ground, and that it even now rages in some of the more mountainous parts of Wales with considerable violence.

It was seldom confined to one individual in a house, except where the acid fumes were used; but no regular certain day could be fixed as to the infectious stage of the disease (if infectious it is), as in some cases two or three were attacked on the same day; in four, five, or six days after another, and so on till generally; at least, often it went through the whole family; neither was having laboured under it once any security, as I know repeated instances of patients having been affected three or even four times, and the last attack (from the previous state of debility) has generally been most violent.

I do not recollect any instance where the disease appeared to have been communicated by articles of apparel.

Having answered your queries, I shall beg leave to state a few circumstances which have occurred to me.

1st. I almost invariably found, that where an emetic was given in the first, or early in the second day, the disease was cut short, and the patient after experiencing a slight degree of debility recovered.

2d. Wherever the lancet was used after the first day, the disease became tedious, debility excessive, almost constant nausea, pain in the head violent, and frequently delirium.

3d. Finding the disease spread rapidly, and that the common routine of practice only tended to abate instead of removing the distressing symptoms, and about this time the weather being close and sultry, I determined upon trying acid fumes, with a view of preventing, at least, the contagion spreading, if not of relieving my patient; in both

both which cases it succeeded beyond my most sanguine expectations, as I found that it not only almost immediately proved highly grateful to the patient, but most effectually prevented the spreading of the disease in the family, as I do not, in any one instance, know of a person being infected after it had been made use of, and the cases where I recommended it were very numerous.

4th. Those drinking port wine in moderation, and living much in the open air, appeared less liable to infection.

5th. The weather, about the middle of April, proving hot, vomiting of blood was very common, and the disease, in many respects, put on a very putrid appearance.

6th. Weakly children and old people seem to have suffered most.

I have, as you requested, applied to most of the medical men, within 20 miles of this place. They all agree in this point, that no complaint was ever so prevalent, and that when the lancet was used late in the disease, it generally proved fatal. The measles have prevailed to a greater degree, in this part of the country, within these last two months, than ever was known, and elderly people, who had before escaped, have been very generally affected. I have had one patient of eighty-nine years of age, and great numbers of from fifty to seventy.

I have not heard of any practitioner in this part of the country using acid fumes.

59. Mr. Hall, Bridgnorth, July 1, 1803.

As accurately as I can ascertain, the first genuine case of influenza occurred on the 19th of March; from that time the disorder made rapid progress till the 28th, when we had the greatest quantity of disease. On that day I visited about seventy patients. On the 5th of April the disease put on a more inflammatory form, and I was induced to make pretty free use of the lancet for some days. After this the number of our patients was considerably lessened in the town; but we had still some sick families, at a distance, till the 26th, when the scene closed with us; the last case being as distinctly marked as the first.

Though at first of a contrary opinion, I was soon convinced that the disorder was of a very contagious nature. It appeared very clearly to me, and to the heads of all the numerous families where I attended, that the complaint did pass from person to person; and the proof is very sufficient, no one family having been affected *en masse*, where the disease did not first appear in some individual of it.

60. Mr.

60. Mr. YONGE, Sheffnal, April 27, 1803.

Just before the arrival of your printed letter I was confined to my bed by the disease which is the subject of it; and from the effects of which, I am not yet free. Grafted on my habitual catarrh, the pneumonic affection was severe, and after an illness of three weeks it left me extremely feeble both in body and mind, nor am I yet entirely free from the phthisical symptoms which at one time were considerable; *i. e.* I cough, (as in former times), on every alteration of exposure to warmer or colder atmospheres; and morning sweats, with some expectoration, still occur, more or less, daily. But I am certainly recovering both flesh, strength, and appetite, and doubt not shall soon be perfectly well. This cause, and my limited experience of the disease, disabled me from answering your queries, nor am I now able to do so, with much confidence in my own opinion. In reply to the first, my sentiments correspond with your own, that the disease is infectious, and for the following reasons.

2. In a great majority of those cases which have fallen under my own observation, I have been able to trace previous connection between the patient and some other person or place wherein the disease existed.

In several situations where the residents had little or no communication with infected persons or places, the influenza has appeared late, or not at all.

In both towns and families, the usual progress of the disease has been by such a succession of patients, as seem more naturally the result of contagion than of any cause operating more generally, such as may be ascribed to a specific state of the atmosphere. It has occurred, not unfrequently, that after one member of a family has sickened, all the others have followed in rapid succession; and sometimes three or four persons have, in the first instance, sickened at nearly the same time. In the only case of this kind I have met with, the previous connection of the patients with the infected was certain. I am unacquainted with any instance, where a village, town, or district, has become *at once* generally, or uniformly infected. On the contrary, from all the accounts I have been able to obtain, the progress of the influenza has been so slow and successive, as excludes the probability of any cause more general than contagion, or individual communication. I have not seen acid fumigations fairly tried.

3, 4, 5. Many instances have occurred where the influenza was so mild as not to be distinguished from common catarrh;

catarrh; but, in general, it was distinctly marked, and easy to discriminate. I think, that in the present disease, the fever is much less dependent on, and less proportionate to the pneumonic affection, than in common catarrhal fever. In many cases the fever has been severe and permanent, where the affection of the lungs has been inconsiderable and soon relieved.

2d. The symptoms of fever are different from those which usually present themselves in pneumonia.

1st. In the excessive pain about the loins, hips, knees, and extremities.

2d. In the lassitude and uncommon prostration which accompany or quickly succeed the onset.

3d. The fever, which at first generally appears inflammatory, often degenerates into continued or low fever, nor will bear sometimes, even at the commencement, such treatment as in pneumonia is generally useful. I think I have observed also, both in children and adult patients, more affection about the larynx than is usual in catarrh, and which has produced the appearance of cynanche at the onset, and much aggravation of the cough in later stages of the disease. The first decided case of influenza I saw in the early part of March, but it had then existed in our neighbourhood near a fortnight, and has not yet ceased there.

61. Dr. Morrison, Wolverhampton, June 26, 1803.

I must confess I did not make a particular memorandum of the exact time of the appearance of the influenza; it was near Midsummer,* and made such rapid progress, that in a fortnight it arrived at its height, and continued in that state about six weeks, when its force gradually declined. There were several instances of the same person afflicted twice, and the last time in a more severe manner than the former; the old and weakly suffered most, and I have seen several instances in young and delicate females, where the greatest attention was necessary to arrest the alarming symptoms of an incipient phthisis. I did not find any material difference between the town and country as to the attack and continuation, but it certainly appeared first in the town. Notwithstanding there was a great variety in the thermometer during that period, I did not perceive the symptoms increase or decrease, in consequence of cold or heat.

* Should not this be Easter, or Lady Day? T. B.

heat. It is difficult to say whether it was caused from a certain constitution in the air, or passed from person to person, though I should incline to the latter opinion, because many in a family were seldom afflicted with this disorder, in the first instance, at the same time, but it regularly passed through a family, with the intermission of several days, and often weeks, from one person to another. I have no particular reason to ascribe it to fomites.

I wish you much success in your undertaking, as it will certainly be of great public utility.

62. Mr. SANDFORD and Mr. FIELD, Worcester.
April 12, 1803.

1st. I am inclined to think the influenza *is* contagious, because I have observed that, for the most part, it affects persons in succession, living in the same house; and two persons sleeping together seldom or ever fail to communicate the disease. Mr. FIELD says, " this is a difficult question to decide." I am inclined to think it is *not*, because in some large families, where more than single individuals have been affected, it has not been in that regular gradation or period, that marks in general other contagious diseases. This answers the second query also.

3d. That at its *first* seizure, and if it was not known that such a disorder was prevailing, it would not be distinguished (in its first stage) with any peculiar or independent symptoms. This also answers the fourth query.

5th. In *all* the instances I have met with, the depression of strength, languor, &c. commenced in twenty-four hours, and sometimes sooner after the first attack. I have seen *less* of pneumonia in its progress, than of the disposition to low fevers; in some cases it has been accompanied with relaxation of the tonsils, and in some few the disease has terminated in periodical head-ach, and other characteristics of marked debility.

In answer to this question Mr. Field observes, " The symptoms of debility were unusually great and rapid, and in this instance chiefly was it distinguishable from common catarrh; in many it certainly degenerated into pneumonia and typhus."

6th. I do not recollect when I saw the first well marked case of influenza in this place, I will therefore transcribe Mr. Field's answer to this question, which is more decisive; and in the latter part, perfectly agrees with my almost daily experience.

" The

"The first distinct instance I saw in the neighbourhood of Worcester, was on the 10th of January, and the second not till the 11th or 12th of February. Fresh cases are now daily occurring, but I think the symptoms are not in general so violent as earlier in the disease."

Scarcely any invalid has escaped *this*, superadded to other complaints, but particularly such as have been labouring under affections of the chest.

63. Dr. Symonds, Hereford, June 30, 1803.

I perfectly agree with Drs. Blount and Hughes in every particular, excepting, that I firmly believe the disease *was contagious*; and how it was possible for any one to suppose it otherwise, I cannot conceive. In many cases in this neighbourhood, the attack was very similar to that of typhus fever; and so great was the pain in the head, and prostration of strength, that a few minutes produced delirium, and inability to move.

64. Mr. Yeo and Mr. Burroughs, Clifton.

1. If the following facts, which have been collected from a very extensive practice, be at all conclusive, we think ourselves authorized to determine that this disease is certainly contagious.

2. First, what must have struck every observer, is the extension of this disease, for in whatever house it appeared, it almost invariably attacked every individual comprising the family, notwithstanding every precaution to guard them against the application of cold, and other causes commonly producing catarrh; and that the complaint appeared to be more prevalent with those using these means of defence, but who were within the influence of infection, than with those who were more frequently, *or* constantly exposed to the atmosphere, and yet out of the reach of contagion.

3. That it has made its appearance where the subject has not been exposed to the common air for several months, but with whom, others seized with this disorder have had frequent communication. Further, in a family, where the sick were so numerous that it became necessary to call in the assistance of a nurse, the woman, although in perfect health when she commenced her attendance, and during the same, was never exposed to the cold, yet took the complaint, and died.

4. In all cases where we have attended, we have found the

the accession of the disease accompanied with more shivering, followed with more pyrexia, with a greater affection of the head; in the latter part of the disease, we have found it attended with delirium, and in almost every instance, with a greater degree of pneumonic inflammation than generally takes place in *common* catarrh.

4. Upon the whole, we think this a more violent kind of catarrh, but of a contagious nature; therefore, what has been enumerated in the third division, will appear sufficiently characteristic of this disease, to distinguish it from *common* catarrh.

5. In every instance, where the disease has appeared, even in the mildest manner, it was accompanied with greater debility than we ever knew attend almost any complaint of equal length; and we have it in our power to answer the inquiry, whether the disorder has not appeared in almost all the stages of pneumonia to low fever? by saying that we have a patient at this time, who was attacked with this disease three weeks ago, and who from violent pneumonic inflammation, will shortly die of phthisis pulmonalis and typhus fever.

From visiting houses where the disease had already existed, we have had opportunities of seeing patients on the first day of attack, and have seen others in the same family fall ill in succession; the febrile state for the most part terminates in the first week, unless attended with the more violent symptoms enumerated in the third division, and then it has continued a fortnight or more, and perhaps at length has ended in low fever; but this termination of the disease has occurred to us in two instances only. Although the fever generally subsides in a few days, yet the catarrhal symptoms continue much longer, and oftentimes remain very obstinate, insomuch that we have every reason to believe, that in the phthisically disposed it will be productive of consumption.

65. Mr. Taylor, April 10, 1803.

My observations of the late epidemic induces me to think it contagious.

My own family, with the addition of several others, gave the most decisive proofs of this.

The catarrh and influenza have their distinctive characters, which are easily observed.

The disease did not terminate as catarrh usually does, but left a train of low nervous symptoms, with universal debility and total relaxation.

The first person I visited in the complaint, was on the 10th of March; the last, about the end of the month.

66. Mr. Tudor, Bath.

I am disposed to think it contagious, (though not at any considerable distance) and for the reasons which I shall state in the answer to the next query.

I have generally observed, that as soon as one individual of a family became infected by it, most or all the others soon took the infection; and some cases occurred to me where the person had not, for some months past, been exposed to the atmosphere.

In many cases with great difficulty. In general, however, it is characterized by great depression of strength and spirits.

Mild cases were scarcely distinguishable from common catarrh; but besides the great languor immediately succeeding the febrile stage, the cough I think was peculiar in having a hollow sound; in some cases, almost resembling the hooping cough.

The former part of this question I have already answered in the affirmative; and the different gradations of the complaint were so great, that cases existing in the same house, at the same time, were not always sufficiently characterised to bear the same name.

67. Mr. Bond, Glastonbury, July 15, 1803.

Agreeably to your request, I will endeavour to answer your queries as circumstantially as possible.

1st. The influenza appeared here the beginning of March, became general the latter part of that month, continued so through April and part of May, began to decline about the middle of that month, and finally left us early in June.

2d. I did not remark that it had different appearances or effects in different villages in our vicinity except to the upper part of this town (the highest situation in this neighbourhood) which escaped its influence.

3d. After the disease was general, the instances that occurred assumed an intermittent type.

4th. It appeared to me to be contagious, as it did not seize families all at once; for, first one individual was attacked, and in a few days after more were, and so on until all, susceptible of the disease, had been affected by it. Children under the age of ten years, almost universally escaped its influence.

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The general symptoms of the epidemic were, first, chillness and shivering, alternating with flushes of heat; spontaneous languor and debility were the grand characteristics; transient flying pains of the head, breast, shoulders, back, knees, &c. succeeded until the pain fixed on some part more particularly, when it became very distressing; and in all, the mucous membrane lining the mouth, lungs, nose, &c. were more or less affected; in the lungs it produced a tickling cough, attended with soreness of the breast, and expectoration of thin, sharp mucus; others had the throat more affected; and in others, the eyes were the organs most affected; in some an intolerable head ach was the most distressing symptom. The pulse was generally weak and quick, from 100 to 120 in a minute; the tongue moist, and covered with a white mucous; the urine high coloured and clear. Those who had a predisposition to pulmonary complaints suffered severely, as did those who were afflicted with dyspepsia; in fact, all those who died might be referred to one or other of those classes. There were two or three instances of dyspeptics who were carried off by it, even before their friends thought them in so much danger as to require medical assistance; they seemed, from what I could learn afterwards, to have been carried off from excessive debility. The general remedies made use of, when the disease was pure and unmixed, were pediluvia, neutralized ammonia, sp. æther. nitr. wheys, cool air, &c. and as I remarked that those who had angry eruptions uniformly recovered, it led me to the use of blisters (which were of great service); opiates, if had recourse to when the cough was incessant and attended with a thin defluxion from the lungs, were found of great benefit. Though no friend to phlebotomy in this disease, yet particular instances occurred, *in the young and robust*, where the lungs were much affected, that made it absolutely necessary; in one instance, to the extent of three times in 36 hours; and I believe the patient owes his life to the free use of the lancet. The high degree of inflammation in this case arose from his getting wet through two or three times on the day that he was first attacked.

The dyspeptic patients labouring under the disease, were obliged to be treated in a different manner. The contents of the stomach, &c. were obliged to be evacuated by gentle emetics, and doses of calomel and jalap, and afterwards the vis vitæ was assiduously supported. When the disease assumed the intermitting type, recourse was had to red bark as soon as the intermission was compleat, and if taken

to the extent of half an ounce in sixteen hours, never failed to prevent the recurrence of the fit.

68. Mr. Symes, Bridgewater, April 9, 1803.

Having been absent from Bridgewater the greatest part of the months of February and March, I have not had it in my power to make such observations on the prevailing influenza, so as to answer your questions with any degree of accuracy.

The influenza had not made its appearance at this place on the 12th of February, at which time a considerable number of the inhabitants went to London, where many of them were immediately seized with the disorder; and as far as I can learn from the report of others, it did not appear at Bridgewater, until the return of some of the people from London, who either then were or had been affected with it. There are many places in the neighbourhood of Bridgewater with which the inhabitants have no intercourse, where the influenza has not yet made its appearance.

August 4, 1803, Mr. Symes, in conversation, assured the Editor of these papers, that from inquiry among his medical brethren, he ascertained the exactness of the above statement.

69. Mr. Steel, Abergavenny, July 6, 1803.

1. The first person that applied to me was seized with influenza in the market on March 14. As the attack was sudden, and the symptoms violent, she had great difficulty in getting home; she appeared, when I saw her, to labour under violent spasmodic asthma. I had no fresh case after April 20.

2. The disease did not appear in the country before the 20th of March; near this time I observed it at Bleanavon iron works, where are about 1200 people.

3. In some situations I believe that infection was communicated from the sick to the healthy.

At the iron works above mentioned, the epidemic was particularly violent, and in several instances fatal to *young men*; in these cases the patients were carried off by typhus fever. They were first attacked with pain in the head and back, *and had no symptoms of thoracic inflammation*; indeed I know of no young man dying who had pulmonary disease, except it existed before.

I observed also, that if a person was attacked in a house where another died, or where the complaint terminated in typhus,

typhus, the symptoms were more severe than where the complaint had not (may I say) degenerated to that state.

Whether influenza was contagious in its common form or not, I am convinced it was when it terminated in typhus fever.

4. I did not observe the men attacked in classes at Bleanavon; but those employed about the fire were generally sufferers from pneumonia, and the colliers and miners from pain in the back, &c.

Every woman I attended in child-bed was greatly distressed with cough and fever.

A gentleman who had been in the north of England, came home perfectly well, when his family were ill of the complaint; in less than three hours after he went into the house, he was taken ill in the same manner as his wife and servants.

70. Mr. Reece, Cardiff, June 11, 1803.

With regard to my opinion, if influenza be contagious, I answer: I firmly believe it is contagious, though I also believe a particular state of atmosphere or a particular disposition in the habit, or both, first produced it, and might continue to produce it a short time, till the wind changed from and to every point of the compass, which it did during the reign of influenza. Surely *then* influenza was kept up by contagion. I have known many in a family ill, and some in a very slight degree in comparison to the others. It began here, as far as I know professionally, on February 18. Sometimes only one in a family was affected, sometimes it began with one, and ran through the whole house. I have had five or six, or even more in one house, where the mistress first had it, her sister next, the waiting maid, the nurse, the footman, the groom, house maid, and cook. The husband (who drinks full enough) had it in so slight a degree as to require no assistance. I do not recollect any person ill within six weeks ago. In my midnight midwifery gossipings, I made many inquiries of the old women who attended them. The constant result has been, "It came in the air to one person in the village, and then most of us who went to see her or him caught it." I asked if they found it more catching when the sick person was confined to a close room; but I could get little satisfaction in that inquiry, as in this country the doors of the cottagers fit the frames so badly that there is plenty of air coming in; and the windows, as I have often experienced to my sorrow, have admitted too much, from being gene-

rally in a shattered condition. As to the treatment I used, (and here I feel myself on the brink of a precipice) I generally gave a saline mixture in a state of effervescence with emetic tartar, sometimes with camphor, opium, emetics or laxatives, according to circumstances. I do not recollect any thing further, but will feel happy in answering any questions you shall put.

71. Mr. WILLIAMS, Bridge-end, Glamorganshire, April 11, 1803.

As far as I am enabled to judge from my own observations, I am undoubtedly of opinion, that the prevailing disorder, which has been generally termed influenza or catarrhal fever, is in its nature truly contagious, and communicable, like the poison of typhus, measles, or small-pox, either in a gaseous state or in the form of infectious effluvia.

That the changes of the atmosphere have a very great influence over the human system is undoubted; that these variations combined with moisture have a tendency to produce catarrhal and pneumonic disorders is equally certain; but why a whole family should experience the effects of a disorder which a neighbouring one has not at all suffered from, appears to me inexplicable upon any other principle of reasoning, than that whatever might have been the cause or wherever the origin of the disorder, its increase was owing to the diffusion of a poison and the active operation of some kind of morbific particles. This could not have been the case had it merely depended on the variations either in the weight or temperature of the atmosphere, for why should an effect be partial, and at different times produced, where the influence of a cause had been contemporaneously and universally operating? I have known an instance where several persons (who had lived in a situation, which had remained free from the disorder) upon leaving it, and passing through a country and mixing with people among whom the epidemic was very rife, return with all the marked symptoms of the influenza. From circumstances, I am convinced they could not all have been affected with cold, and, excepting the prevailing epidemic, the country was healthful. How then could this have happened, unless that in one situation they subjected themselves to exposure to some contagious influence? If you suppose a marked predisposition in one person to catarrh from the slighest cause, it can scarcely be deemed probable

probable that the same cause could have operated generally upon several others. These are the grounds I form my opinion upon.

I think a general comparison of cases enables us to distinguish between the two diseases, though undoubtedly in many instances, the commencement, the pyrexia, coryza, want of appetite, as well as the symptoms of amendment, (where an increase and freedom of expectoration seem to have removed the disorder, or perhaps as frequently a diaphoresis) have bore so striking a resemblance to those generally produced by catarrh, as scarcely to allow the nosologist reason and opportunity for discriminating.

Had I seen a solitary case only, I would have denominated the disease catarrh, though here I should be at a loss to account for appearances in some degree anomalous; but far from conceiving the disorder to have originated from any infectious miasma, I would refer the protraction of it to something idiopathic in the constitution of my patient, or suppose nature might have been thwarted in her operations from terminating catarrh in the usual manner. In elderly people, I have observed a considerable suffusion of bile, so much so, that the tunica conjunctiva of the eye has been nearly as much coloured as in jaundice. In such cases I should attribute the slow progress towards recovery to something wrong in the hepatic system and its secretions.

It is under this head I should form my diagnosis, for scarcely in any catarrh have I observed so great and so immediate a depression, or the pain in the back and limbs so violent; and at the decline of the disorder, the lassitude, the total incapacity for exertion, with the great disposition to profuse perspiration from the slightest cause, appear to me to distinguish the influenza from catarrh. The loss of appetite, even after the removal of all febrile symptoms, was very marked and particular, and I have observed that a week or nearly a fortnight elapsed ere the stomach became reconciled to usual habits of diet. I have seen many cases where pneumonia accompanied the catarrhal fever, and indeed others where cordials and a generous regimen seemed to have proved highly beneficial towards removing the disorder.

The first case I saw was about the beginning of the second week in March, and the last attack on the third of April.

[To be continued.]

Observations on the Influenza; *communicated by* Mr. T. Peaal, *of Aberdeen.*

THE Influenza, or epidemic catarrhal fever, appeared first in Aberdeen towards the latter end of February; it seized those who were affected with it in the same manner as the continued fever, which generally prevails here, described by Dr. Ferguson in his Essay on Fever. It could be easily distinguished from it by the patient not being so violently affected, and by the disorder of the lungs and catarrhal spit. The patients complained of a violent pain in their head, accompanied with languor and soreness of their bones. In some, the affection of the lungs was very violent, attended with pain in the breast, cough, dyspnœa, and catarrhal spit, not unlike pneumonia; while in others, the cough, expectoration, &c. were but slight. The pulse was small and quick in most of the cases. A great many, who were affected with influenza, did not apply for medical advice; with them, for a considerable time, it went by the name of a cold, and was not considered as a species of catarrhal fever until it appeared as an epidemic in other places. It is a general custom with many in Aberdeen and its vicinity to bleed in the month of March, whether they are ill or not, with a view (as I suppose) to prevent inflammatory disorders, which generally ensue in the spring after hard work. I made it an object of inquiry to ask whether those who were bled in this month had the disease milder, or escaped it altogether; so satisfactory was my inquiry in this particular, that all who were bled, and not previously affected with influenza, generally escaped it. I bled about fifty, and nearly the same number affected with influenza applied to me for medical advice, who had not been bled. The greater part of these patients were men, and none under ten years of age. I bled the most of them, and found it very servicable in moderating all the symptoms. I was called about this time to some young children in fever, but could not distinguish whether it was influenza or fever from cold. Towards the latter end of March, the influenza was at its height. Vomits were generally applied by the patients themselves. In some cases, where the pain in the head and fever were violent, temporal blisters and the saline mixture were had recourse to. Where the affection of the lungs was severe, a fomentation of warm vinegar and spirits applied to the pained part, at the same time using the mucilaginous mixture with tincture

of

of opium internally, seldom failed to make the patient soon better. The influenza was remarkably mild, and after the third or fourth day, the patients generally felt an alleviation of all the symptoms, excepting in cases where it was combined with chronic cough and catarrh. Catarrh is very common in Aberdeen, and not unfrequently chronic, returning and affecting those of a weakly habit who are much exposed to the coldness of the atmospheric air; it is to be distinguished from influenza, by its not being contagious, but generally proceeding from atmospheric influence, and by its duration. The present and former epidemic influenzas would appear to be very infectious, from the number so suddenly affected, from the rapidity of its propagation, and from its preserving its form amidst the different states of temperature, climate, and different habits of life.

Most of the epidemic exanthemata are infectious, and affect persons but once in their lives. Query, were those affected with the influenza, when it raged last in 1788, exempted from it at this time? I was for three or four days very ill with it in 1788, but have escaped the late epidemic. All those who have applied to me at this time, were not affected with the influenza when it prevailed last. Those who were violently affected, continued to have a little expectoration in the morning, after all the other symptoms were gone; the weather becoming warm, has tended much to restore the mucous glands to their healthy state.

The measles are the present epidemic in Aberdeen, they are affecting a great many children, and seem to be more violent than the influenza. The fever attending them is particularly severe. Bleeding with the lancet or leeches; gentle laxatives, and mucilaginous drinks, are the common agents employed in the cure.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IF you think the following remarks on Influenza worthy a place in your Journal, they are at your service.

The disease made its first appearance here about the beginning of April, and spread with astonishing rapidity; the three last weeks of March had been rainy and chill, the wind

wind generally west or south west; the mean height of the barometer nearly 29,5, the thermometer about 42, but frequently, during the night, it fell as low as 30; the quantity of rain during that period 1,127 inches.

Its symptoms, in general, were shiverings, severe pain in the head, nausea, frequently vomiting, hard dry cough, compression of the breast, and a sense of soreness about the throat and fauces, as if the skin was off; the breathing was difficult, pulse quick and full at the beginning; and in every case that I saw, the debility was much greater than could have been expected, either from the duration of the disease, or from the severity of the symptoms; no running from the nose or eyes took place in any of my patients, but a number of them were affected in the latter stages of the disease, and some even in the beginning with severe griping pains in the belly, tenesmus, and considerable discharge of slimy matter tinged with blood; in some instances, affection of the joints resembling acute rheumatism took place, which went on from joint to joint, till it affected in its course almost every joint; those were all young people, and the recovery was very tedious.

When the disease was protracted beyond the tenth day, the pulse became gradually weaker and quicker, and brought on a typhus state.

My mode of practice, at the commencement of the disease, was to give a solution of antimon. tart. in small quantity, repeated till it produced vomiting; in this way it frequently caused a few loose stools; after vomiting, the feet were bathed, and perspiration promoted by inhaling the steams of warm water and vinegar; if the antimonial had not procured passage of the belly, laxatives were given; and when stitches and difficulty of breathing were troublesome, blisters were freely used; if the cough was very distressing, sometimes recourse was had to opium. I had pursued this plan for some time, when accident brought me acquainted with a remedy which I think was productive of very beneficial effects.

A young man who had been affected with influenza for twelve days, had been advised by some acquaintance to drink a considerable quantity of whisky; this had exasperated all his symptoms, and brought on so severe a vomiting, that every thing he took was instantaneously rejected; his belly was bound, skin dry, and his pulse 130, weak and intermitting. Before I saw him, a number of injections had been given, some of them very stimulant, but without effect; I ordered an injection of nicotiana ℥ij. infus.

infus. in aq. bullient. ℥xij. to be given; it produced an immediate evacuation of a considerable quantity of indurated fæces, caused severe vertigo, faintishness, and at last a copious perspiration, followed by sound and refreshing sleep; when he awoke his fever was greatly diminished, and the vomiting did not again come on; and without any other application, except a plentiful use of wine, in which a small quantity of rad. gentian was infused, he quickly recovered.

As this remedy had been so useful in this case, I determined to try it in others: and as in the beginning of the disease costiveness was frequent, I began by giving the injection of a strength in proportion to the state of the patient, but always wished, that besides emptying the bowels, nausea, or even vomiting might be excited; whenever this took place, it was followed by a profuse sweat and sound sleep.

After having found the beneficial effects of the medicine in injections, its internal use by the mouth was tried; the preparation made use of was the vinum nicotianæ, given at first in small doses, frequently repeated, combined with some aromatic water or tincture; it was always pushed so far as to produce giddiness of the head, or nausea, and when carried this length, it almost in every instance brought on a large discharge by the skin and kidneys, and sound sleep; it also caused a considerable increase of expectoration, and relieved the cough; indeed, in my opinion, its anodyne effects were equal to those of opium; and as it aided the discharge from the breast, which the other retarded, it was undoubtedly preferable.

Since I first became acquainted with the sudorific and narcotic powers of the nicotiana, it has been used in every case that came under my management, except those where gripes and bloody, slimy stools took place, and always with evident advantage; nor did I see, in any one instance, the least disagreeable circumstance arise from its use.

When, after the first exhibition of the medicine, any fever remained, and the cough was troublesome, a second dose was given in the course of two or three days after the first, and managed just in the same way; the operation was equally successful as before, and the symptoms proportionally diminished; a third application I never had occasion to make.

I wish however to remark, that during the course of a month that the medicines, as mentioned in the beginning of this paper, were used, my practice was tolerably successful, but not equal to what it was afterwards, as my patients

tients both recovered with less pain, and in a much shorter period, by the use of nicotiana, than by all the other remedies formerly employed.

At the same time, however powerful this medicine might appear to be, when stitches existed, blisters were always employed, and frequently the use of steam, by way of fomentation, to the fauces and bronchia.

In those cases which affected the joints, an external application of ol. terebinthæ et sp. cornu cervi, p. æ. was applied every night, and the parts afterwards covered with flannel, but the utility of the external application was much aided by the sudorific effects of the nicotiana.

When diarrhœa, with gripes and slimy stools tinged with blood, took place, pulv. jallapæ comp. was used, solutions of the neutral purging salts, and tinct. theb. in proportion to the pain; after free evacuation, cordials and stomachic bitters with wine.

I may probably have thought more of the medicine mentioned above than it deserves, it may not be so successful in another situation as here; but from all I have observed of its mode of action, no ill effects can happen from giving it a trial; even in cases of catarrh, where copious perspiration is required, it will probably have considerable success.

In two cases that occurred here, the influenza was undoubtedly produced by animal infection; one of the persons was a farmer, who went to sow corn for a neighbour that had the disease; to hold the seed they gave him a sheet upon which a sick man had lain, and perspired during the night; it was scarcely tied round his neck, when he found the effluvia produce squeamishness; he was seized with shiverings before he left the field, and his symptoms were nearly the same as those of the person from whom he received the infection.

The second was a young man in perfect health, who came to visit his brother labouring under influenza; he lay that night on a bed which his brother had recently quitted; he found the smell so disagreeable that he could not sleep; in twenty-four hours he was seized with the disease, and his symptoms were nearly similar to those of his brother,

In Vol. IX. No. 48, Page 173, you inserted a case of mine, where a very large quantity of cerussa acetata had been taken without producing any ill effects; since that time I have used it in a few cases of hæmorrhage, both external and internal, and have given it to the extent of two drachms a day without any inconvenience; but although

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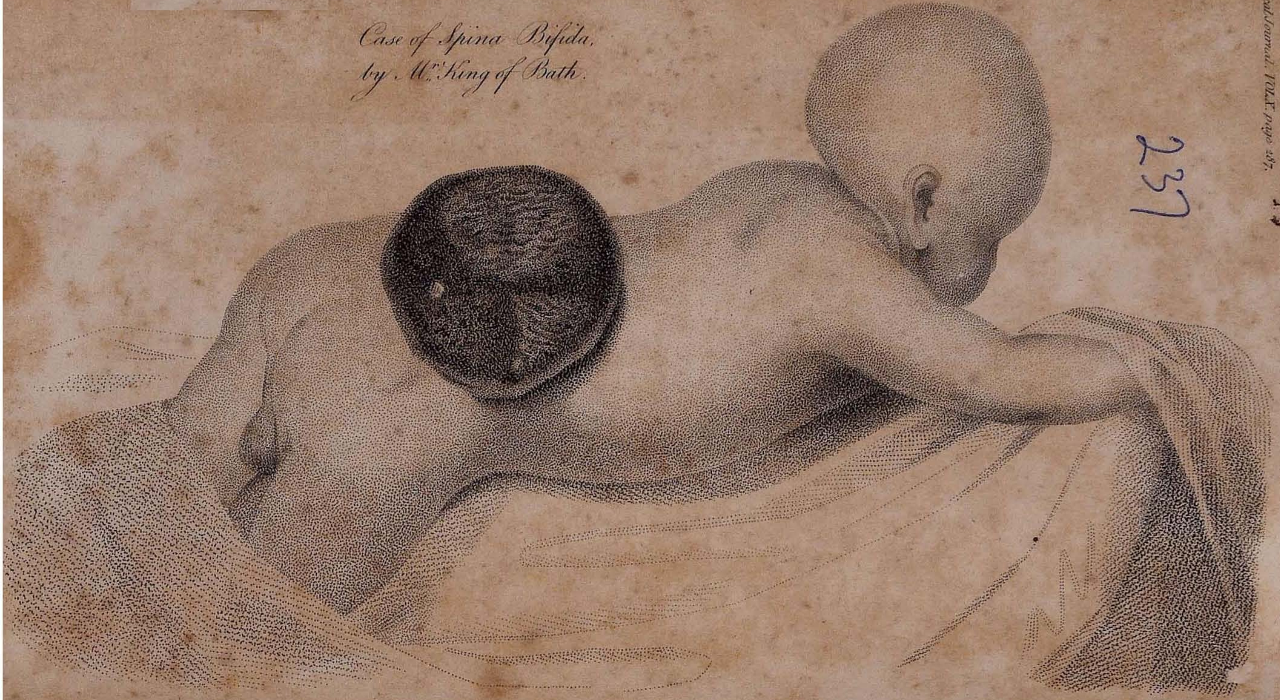
Case of Spina Bifida,
by Mr. King of Bath.



Kirtland sc.

Published by Richard Phillips, 71, St. Paul's Church Yard, Oct. 1, 1803.

it may be given with safety, yet in every trial its effects were far inferior to the solutions of sal. mart. of alum, &c. or even to dilute vitrolic acid. I intend trying the subject still further, in order to establish the comparative merits of the acetata.

I am, &c.

Dumbarton, July 11, 1803. ALEX. HUNTER.

A Case of Spina Bifida; *communicated by* Mr. John King, *of Bath.*

[With an Engraving.]

ON the morning of the second of March last, I was called to a poor woman in Bath to attend her in labour, when I found the patient in the regular progress; the os uteri dilated, and the membranes not ruptured; the pains, or what is analogous, the contractions, frequent, though not strong or lasting; the os externum relaxed, and the pelvis appeared to be well formed. I encouraged the recurrence of pain by stimuli (as she had remained a long time in this situation without any signal advantage from the pains); in a few hours the child descended into the pelvis. The bag of waters became ruptured, yet I was not satisfied as to the presentation, and I soon found it was a breech case; for as the parts came to wedge in the pelvis, the scrotum of the child was squeezed out and swoln. On conducting my finger along the sacrum of the child, till I reached the lumber vertebræ, I found a considerable fossa in the loins, covered with a loose membrane, with the bones of the spine bifurcated; I then apprehended a delay to the farther progress of the labour, because it appeared probable that the diameter of the child's pelvis might be preternaturally enlarged, owing to the bony parietes formed by the division of the spine; but I determined in a well-formed pelvis not to turn, but to risk the extraction in statu quo. In this instance I never more strongly saw the good effects resulting from the plan I adopted in promoting the parturient exertions of the woman, by plying her repeatedly with brandy and water, without which I could have had no farther hopes of delivering the patient, unless by turning, which I wished to avoid; but I would have the utmost caution used in such cases, as their presentation offers no probability of delivery,

livery, or where the presentation is not clearly ascertained, as it would certainly induce too much tone on the uterus, and thereby exclude the benefit of turning, which can only arise from a uterus of moderate tone, bordering on relaxation. By fixing my finger in the groins of the child, and by strong lateral motion, I at length extracted the lower extremities, and terminated the labour successfully; but I am very confident, that under circumstances of defective stimulation from the fatigue the woman had endured, and the inutility of some hours pains, that the case must otherwise have come to a turning.

The child, on its birth, did not assume the respiratory function, so that we all thought it was what is termed still born, and as it was much longer than usual we were a little surprized when the respiration commenced. I shall leave more able physiologists to determine what relation the spina bifida bore to this circumstance, as I do not wish to occupy too much of your valuable though limited pages.

The tumour, on the first day, resembled a bag or bladder, half filled with fluid, excessively thin and diaphanous, so that it appeared a most simple substance either epidermial or membranous; but though the organism of this covering was so fine as to elude the passage of red blood, yet it appeared to retain much excitability, and accommodate itself to the circulation of the infant, by which day after day it approximated more and more to the nature of the cutis vera. On the first day, by holding a strong light on one side, and viewing it on the opposite, I could not discover the ramifications of the vessels. The next day the red blood was forced into them, presenting the most exquisite vascularity, and the most beautiful retiform distribution I ever beheld. The diameter of the tumour was increased as well as the excitement, and thus it proceeded till it arrived at the appearance depicted in the drawing. Ulcerative inflammation at last commenced, and about the eighteenth day from the birth, the child died from the rupture of the cyst and evacuation of its contents.

The lower extremities, though in so infantine a state as our patient, yet bore a strong resemblance to the palsy of the lower limbs, described by Mr. Pott as arising from a scrophulous disease in the vertebræ, and though the causes of the two diseases may vary, their effects may be analogous on the spiral marrow; but why might not the same cause operate on the ossification of the vertebræ of a child *in utero*, and therefore be attended with analogous effects? for the infant never used the lower extremities, and they evidently wasted more than the rest of the body.

The

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Mr. Jardine's Instrument for extracting of Teeth. p. 242.

Fig. 1.

Fig. 2.

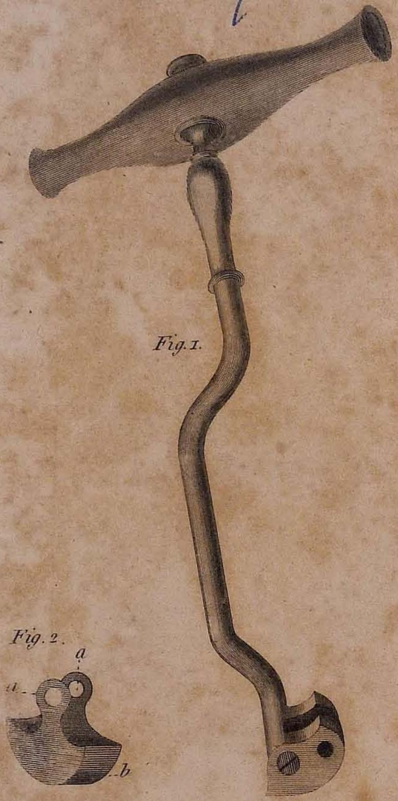


Fig. 1.

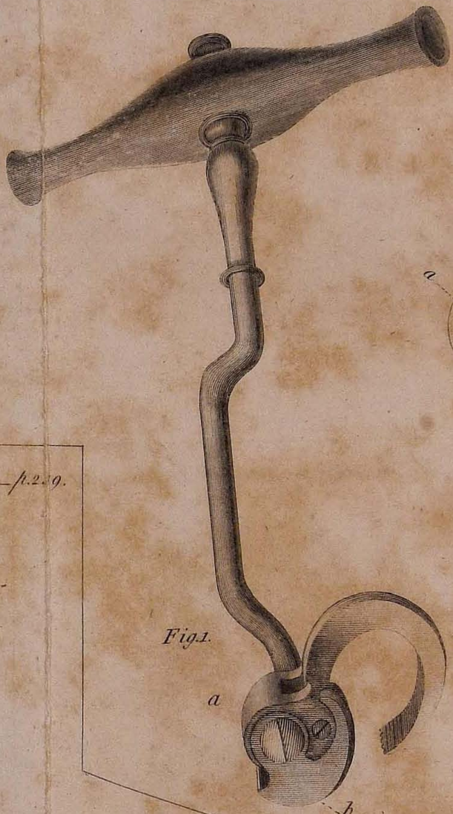
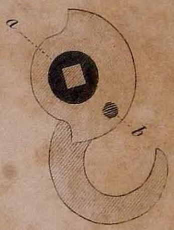


Fig. 2.



Mr. Smith's Improved Trephine. p. 239.

Fig. 2.

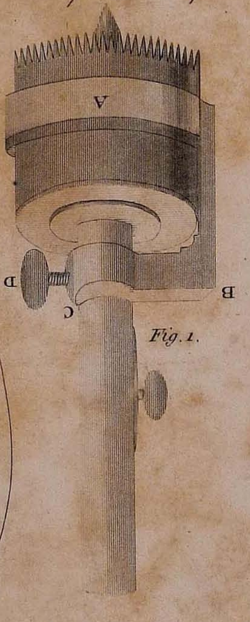
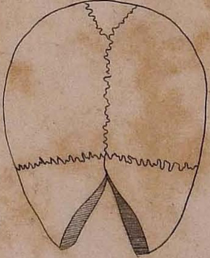


Fig. 1.

Fig. 3.



Mr. Smith's Sketch of an extraordinary thick Cranium. Fig. 2. and 3. p. 240.

Published by Richard Phillips, 71 St. Pauls Church Yard, Septr. 1. 1803.

The drawing represents the tumour in the middle stage of its progress, inflamed, red, thickened, hot, excessively vascular, and scarcely transparent, with incipient ulceration in its outer surface, attended with slight oozing between the lamina of the membrane, or otherwise by secreting surface. It ought to be noticed that the skin ascended on the tumour in narrow lines, though very partially; whether therefore it imparted a similar structure to the rest of the tumour, is a question.

Description of an Improved Trephine; *by* Mr. Richard Smith, *of Chertsey, Surry, Member of the College of Surgeons.*

[With an Engraving.]

THE application of the trephine, in cases of affection of the brain, has been considered as hazardous by most gentlemen of the profession, from the danger attending its sudden pressure through the dura mater into the substance of the brain,* either by an improper use of the instrument or an unusual slight texture of the cranium, of which the operator cannot be too well aware.

An instrument to prevent this serious circumstance taking place is described in the Journal for December last, as invented by Mr. Jardine. It appears to me much too complex to get into general practice, and is not so portable as to be convenient for the pocket, particularly when attended with the necessary appendages for the operation. The instrument I am about to describe, will, I presume, possess the advantages wished for, without being attended by any inconvenience; it is very simple, may be added to most modern instruments, and cannot easily be put out of order. As its construction may not be readily understood by the figure, I shall be explicit in my description.

Fig. 1, is a trephine of the modern size and construction, having a moveable rim A. about one-quarter of an inch broad, and one-eighth of an inch thick round the crown, fitted so as to move with ease; it is connected by the elbow shank B. to the collar C. which by means of the thumb-screw

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* I have known this circumstance occur on the dead subject to a surgeon of some eminence, although attended with every precaution thought necessary on the living body; it was performed for the purpose of instructing some young pupils in the operation.

screw D. is fixed firm to any part of the stem of the trephine; thus the rim being gradually removed upwards, as the teeth advance in the operation, will effectually prevent the instrument slipping inadvertently into the brain.

The rim on the first application should be fixed very near the teeth, and not removed more than the eighth or the tenth of an inch at each time; for the more accurate performance of which, the stem may be graduated as in the figure.

Another advantage this instrument appears to possess, is its immediate removal and re-application, when it is found necessary to try with a probe, quill, &c. the depth of groove formed by it; which cannot be done so conveniently by Mr. Jardine's, on account of its contingent apparatus.

I do not conceive the necessity of having any instrument similar to Mr. Jardine's for making a circle in the first instance, the trephine with its obtuse spear-point, as now usually made, appearing to answer the purpose effectually, at least so far as I have had opportunities of observing, during a considerable period of hospital practice, it being a material object in every art to simplify and lessen the number of instruments appertaining to it; and I sincerely wish, with Mr. Savigny, that surgeons would attend to the mechanical application of their instruments, which would give them greater confidence and success than can easily be imagined.

I beg to add what may with some reason be connected with the above subject, being Fig. 2, a sketch of an extraordinary thick cranium, which is in my collection, from a female about forty years of age; it is remarkably solid without deploe. Fig. 3, is the part of the frontal bone from which the section was taken. I saw the poor woman fall down dead, opposite the Middlesex Hospital; having an opportunity of inspecting the body the next day, I found an aneurism of the descending aorta to have been ruptured just below the arch; the other part of the vessel was aneurismal in various places.

To Mr. BLAIR.

Sir,

THE interesting and impartial manner in which you seemed to examine the different instruments, which I lately proposed as improvements in the different operations for which

which they were intended, persuade me, that the following description of the form of an instrument I have sent you, which I thought of for extracting of teeth, will not be unacceptable; and if you think it worthy of a place in the work you intend so soon to favour the world with, or in the Medical Journal of London, you will do me a favour in forwarding it to the Editors, or acquaint me by what means I may, myself, get it inserted in that periodical work.

I am rather doubtful you have not received all the satisfaction you may have expected, in reading the case of a collapsed brain of the man I trepanned on board the Victorious. I suspect it was very incorrect, and perhaps too prolix. I had not time, before I left London, to revise it; however, if you wish for a more correct and abridged copy, I will endeavour to send it you as soon as possible, and if you wish for a model of the tooth instrument I mentioned, I will likewise send it you by the first opportunity.

The descriptions of the instruments you saw, I find, have not yet been offered to public notice, in the Medical Journal of London, agreeably to Mr. Savigney's promise to me before I left town, and in a letter since to me at Dumfries. Indeed it was with much difficulty, since I came here, I could so much as procure an answer to the different letters I had occasion to write to him upon the subject.

The principal objection, I find, against the instruments alluded to, is the great expence they are likely to be to the purchasers. On that account, I mean to have them formed upon such a simple, and, as I think, on such an improved plan, as will not only reduce the price considerably, but make them more generally useful.

All the different instruments I have seen for extracting teeth, act upon such similar principles, and differ so little from one another, except in the shape or direction of the bolster, that it is difficult to judge which should have the preference.

It appears to me that the principal defect, in all the attempts to improve that instrument, has originated from the mistaken position of the claw on the top of the bolster, in preference to the position on the side. In that situation of the claw, (on the top of the bolster) it is very evident, that in turning the handle of the instument, for extractiug the tooth, 90°, the tooth must be lowered that much; whereas, if the claw is fixed on the side, supposing the bolster circular, or 90° from the top of the circumference, the shank being exactly in the centre of the bolster, the handle in

being turned 90° in that operation, will raise the tooth as much, or the vertical height between the centre of the shank and pen of the claw: Wherefore, the nearer a right angle the claw, when fixed, makes with the top of the bolster, the higher the tooth will be raised.

Upon these principles I have directed an instrument to be made (*see plate*) with a bolster of a semicircular form, to receive the claw in its side, and to move in a slide, which will keep it up in its place when turned.

The slide is semicircular, except at the upper part that rests against the gum, when the instrument is fixed, which on the outside is flat, and it is attached to the bolster by a ring on each side, which the shank passes through. The bolster and slide are moveable upon the shank, that the instrument may be occasionally applied to either side of the mouth.

If the operator wishes to cover the face of the slide, in defence of the gum, there are two pins on each side of it, by which either cloth or leather may be tied to it.

I am afraid the enclosed draughts will not give you such satisfaction as I wish; they are very far from being what I expected, however, I have endeavoured, as well as I can with a pencil, to shew you the bolster detached, which is the principal part, and the most likely to give you the best idea of my intention.

I forgot to mention, in a former letter, that Mr. Rae a celebrated dentist in Edinburgh, made two successful trials of an instrument upon the same principle which I had sent him for that purpose, and that he meant to have one made for himself upon the same plan.

I might have acquainted you too, that I received a letter from Dr. Monro, since I arrived in Dumfries, acquainting me, that Mr. Fyfe, his assistant, had extracted a pin, which had stuck in the throat, with one of the same kind of instruments I had left with you for such a purpose.

I am, &c.

Dumfries,
January 20, 1803.

WILLIAM JARDINE.

EXTRACT OF A LETTER FROM DR. DE CARRO, OF VIENNA, TO DR. MARCET, OF LONDON.

"THE comparative statement of the Jennerian Society, drawn up by Mr. Addington, has already fallen into my

hands.

hands. Count Harrach, of this city, (who is passionately fond of the science of physic, to the study of which he has devoted himself for these twelve years, and who has just gone through his examination for the degree of Doctor), has caused this statement to be translated, and distributed gratis. The regency has undertaken to get it distributed in all the parishes, and to have it posted up on the gates of churches, and other public places. All the children of soldiers are now subjected to vaccination. What a difference between this and the time when I was compelled to appear before the police; when vaccination was prohibited within the walls of Vienna, and confounded with the inoculation for the small pox; when I was prohibited giving public notice of my intention of vaccinating the poor gratis; when they had nearly turned out of the city a lady come from Hungary to have her three children vaccinated; when I was prohibited publishing, in the Gazette, the satisfactory result of twenty-one variolic inoculations, tried after vaccination; when the Court, the Ministry, the Police, all conspired against vaccination, whilst the Faculty was doing nothing for its defence! It is under such auspices that I have at last succeeded in introducing the vaccine into this capital, and from hence into all the provinces. At Vienna, we no longer hear of the small-pox. For these two years and a half, I have not met with a single instance of it, and many other physicians will say the same. Pray inform Dr. Jenner, that one of the first occulists of Vienna, Dr. Beer, has assured me, that for these two years, he has not met with a single case of the variolic ophthalmia, whilst he used to reckon annually, at least fifty such cases in his practice! And the doctor's authority is so much the more to be trusted, as he is by no means the gainer in this disappearance of his ophthalmic nosology.

" It gives me sincere pleasure to have afforded some satisfaction to Dr. Jenner, by communicating to him the experiments of Dr. Sacco. Indeed, I had presumed that this account would be particularly agreeable to him; and for that reason, I have transmitted to him further details which I have since received from Sacco. With regard to the nosological innovation proposed, I have already taken some steps to guard vaccinators against the danger of introducing a nomenclature, in which the word *equus* should be used as radical. I have developed the inutility and danger of such an innovation in some Journals, and I have lately sent a letter to the *Bibliotheque Britannique*, which

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contains all that can be said upon that subject. My chief objection to this change of name, is the confusion which could not fail to arise from it in the minds of uninformed people, who could not understand why a new name should be given to a thing in which they could not perceive the least difference; and this might also have the inconvenience of reviving ideas on the morbid origin of the preservative, which have long been done away. Besides, as the quantity of vaccine matter, now spread over the surface of the globe, is such that it would be impracticable to substitute every where the *virus equinus*, even if there was any advantage in doing it, there would be a sort of competition between *equination* and vaccination. To which of the two would uninformed people give the preference? What an embarrassing dilemma! If there be no real difference between the two methods, why should the names be changed? And the vaccinators themselves, what nomenclature would they adopt, since they never can be able to determine the origin of the matter usesd, unless they have taken it themselves from the heel of the horse or the teat of the cow?— In one word, the thing is more important than it may at first appear, and I am particularly flattered, once more, to see my opinion coincide with that of Dr. Jenner."

Vienna, June 18, 1803.

A CASE OF FISSURE OF THE CRANIUM, *attended with apparent Extravasation, successfully treated without the Use of the Trephine; to which are added, a few Observations. Communicated by* MR. ALDIS, Surgeon, *of New Surry Street, Blackfriars Road.*

AS the brain is the seat of sensation, and consequently less able to resist an injury done to it, it is therefore more liable to be affected, and is attended with more danger from external violence than any other part of the body, the lungs perhaps excepted.

Much study and attention have been employed to ascertain the best means of affording relief in injuries of the head from external violence; yet many discoveries remain to be made before we can arrive at the acme of knowledge in this branch of the profession.

The only means of relief usually employed till of late years, for every species of injury done to the head, attended

ed with fracture, fissure, or depression of a portion of bone, was the trephine, in order to raise the depressed part to its natural level, or to remove any matter that might be collected beneath the cranium and *dura mater*.

Surgeons, till very lately, were totally unacquainted with the good effects which would accrue from omitting the operation of perforating the cranium; an operation which I should think every judicious practitioner must admit of being attended with considerable danger in any part of the head, but more particularly so in the course of the sinuses, that it was not till within these few years, comparatively speaking, that patients were known to recover without the assistance of the trephine, in cases of fracture, attended with all the alarming symptoms of sickness, vertigo, stertorous breathing, dilated pupils, &c. &c.

Among those who are against the too frequent use of the trephine, may be reckoned Mr. John Bell, and particularly Mr. Abernethy, whose abilities and extensive practice rank him among the first of those who have declaimed against this practice. Indeed, it was principally from the perusal some few years since of a truly valuable publication of his, entitled, an Essay on Injuries of the Head, which first gave rise to the opinion I now entertain. He there points out several dreadful cases which were successfully treated by bleedings, and pursuing the anti-phlogistic regimen, without having recourse to any operation.

You will not infer from what I have written, that there are no cases which occur wherein I suppose the assistance of the trephine would be unnecessary; by no means. What I would wish to inculcate is, that I firmly believe a great number of fractures of the cranium, attended with depression or extravasation, would do well without the use of the trephine, which is often unnecessarily applied. From all the accounts which I have ever heard of, and I have taken some pains to ascertain the surgical treatment of injuries of this kind done to the head, the trephine for the most part, nay, almost always, has been used. I think I may venture to assert therefore that, especially among country medical gentleman, this instrument is frequently had recourse to, when, had they pursued the same treatment which I have done in the following case, they would, in all probability, have been equally as successful.

On the tenth of June last, I was requested to visit Thomas Cann, a servant of Mr. Gill, of New Surry Street, who I was told had just received a kick from a horse. On my arrival, I found him lying on a bed to all appearance lifeless;

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but on taking hold of his hand, I could just feel his pulse, which beat small and irregular; at this instant he started, and continued to breathe with great difficulty and stertor. The pupils were dilated, and sickness ensued. Examining his head, a wound was discovered to be partly on the frontal, parietal, and temporal bones, which could be distinctly seen by the division of the integuments to the extent of four inches and an half, with the cranium denuded an inch every way. The fissure appeared to be about an inch and an half in length. The wound I immediately cleaned with a sponge and some warm water, then brought the edges in contact, by making three sutures; and by means of slips of sticking plaster, endeavoured to promote adhesion, as also to prevent the access of air to the wound. This being done, and the part secured by a proper bandage, I asked him how he felt himself; but having no answer, I repeated my question in a more loud tone of voice, to which he was equally insensible. I then left him, and desired the nurse not to give him any thing but barley water or a little tea, and that I should again visit him in the space of two hours. On repeating my visit, I found, what I expected, that a re-action of the pulse had taken place, and that it was much stronger than when first I saw him. The sickness had considerably abated, his respiration less stertorious; and he answered, though with great reluctance, any question which was put to him. I now copiously bled him, and sent him a saline mixture to take, as also the next morning ordered him a cathartic.

11th, I found my patient quite relieved from those symptoms which before had distressed him; that what remained now was only a smarting of the wound, and a degree of pain on the occiput.

12th, As the pain of the head continued, and his pulse permitted it, I repeated the bleeding and cathartic, and continued the mixture and same spare diet as at first.

13th, This morning he was not so well as yesterday. He had some degree of fever, and also complained more of his head. I did not in this instance again bleed him, but ordered him three grains of the pulv. antimon. to be taken every three or four hours with the saline mixture. I now thought proper to remove the dressings and examine the wound, which, to my great satisfaction, was in a state of doing extremely well. On removing the plasters, a small discharge of healthy pus issued from the wound, the surrounding scalp appeared free from inflammation,

mation, and had perfectly united to the cranium. The adhesive dressings were repeated.

14th, The powders had brought on a gentle perspiration, and greatly relieved the febrile symptoms of yesterday.

15th, The fever being subsided, and as he expressed a wish to leave his bed, I told him, if he remained so well till the next day he should be permitted to rise, as also to have his diet a little altered.

16th, As every thing went on agreeably to my wishes, my patient left his bed; I repeated his cathartic, omitted the antimonial powders, and renewed the dressings.

17th, Every circumstance bade fair for a speedy recovery: all pain had left him, he slept well, was free from fever. In short, nothing now remained but a desire of the patient to follow his usual occupation, which latter could not at present be complied with; but I requested him to come to my house every other morning, to have his head dressed; which he did, and continued regularly so to do till the second of July, when it was perfectly healed.

Although in the preceding case the lancet was only used twice, as circumstances did not require a repetition; yet, should there be any apprehension of great inflammation, I would recommend venesection to be used more frequently at the very commencement of the complaint, as the effects would be much greater in checking the inflammatory symptoms; for when it is deferred to a later period, the patient would be too low to admit of such active means, and his recovery from such a state would be rendered extremely precarious. While the absorption of the extravasated matter is going on, pain or stupor will continue more or less possibly; but not so as to excite alarm, unless in particular circumstances. The same space of time generally elapses before the brain can accommodate itself to its new situation, in cases of depressed portions of bone, during which the same symptoms may be expected to occur.

Should it be objected by some, that the above was not a case of extravasation, but merely of simple concussion of the brain; to such objections I could only reply, that as those symptoms occurred, which are evident marks to the contrary, such as stertor, dilatation of the pupils, &c. &c. I was led to suppose otherwise.

It is now known, and I hope soon it will be generally so, that the brain will retain its functions when considerably compressed, without injury to the person; but to what degree it is perhaps difficult to say, as it appears to be

more affected in some constitutions than in others, according to the susceptibility of that organ, which varies in different subjects. Several cases are related by authors, of the brain accommodating itself to portions of bone when considerably beaten in. Others again have had cases of depressed portions of bone in young subjects, when they have of themselves regained their natural level, and what extravasated blood there was soon became absorbed after it was rendered fit to be taken up, by having undergone a chemico-animal process.

If by mentioning the above medical gentlemen, whose opinions go to corroborate what I have asserted, and by relating the above case, it should in any degree tend to arrest the practice which I have attempted to oppose, this little paper will have amply answered its intended purpose.

OBSERVATIONS *on the* CASE *of a* HERNIA, *where* STRANGULATION *was produced by* INFLAMMATION, *and which continued after the* OPERATION; *by* M. RENOULT, *first Surgeon in the Army.*

A Young officer had a hernia, which he retained in place for a considerable time by means of a bandage. While encamped in the Low Countries, he was thrown from his horse, after a long continued restiveness and leaping, which forced the intestine out, attended with much pain. The patient made immediate and fruitless efforts to reduce it, and was brought back to his hut, where many trials were made unsuccessfully with the same intent, during ten hours; after which he was sent to the military hospital, under the direction of the author. To the means already employed, the warm bath was added, but the great sensibility of the tumour precluded the possibility of recurring to the operation of the taxis. As the patient got hourly worse, the operation appeared to M. R. the only means by which relief could be expected, and which was performed six hours after his entrance into the hospital, and sixteen from his accident. The intestine, which alone formed the hernia, was of a deep red colour, and had adhered but in a trifling degree to the surrounding parts. The portion of the intestine was considerable, and the omentum seemed to have no share whatever in the formation of the tumour; after disengaging the ring, and finding

finding no contra-indication to the reduction of the intestine, the operator gently drew out a larger portion of the intestine, with a view of facilitating the reduction of the protruded part, which was considerably distended. On the most trifling effort the intestine slipped into the abdomen. The operator counted on the disappearance of the symptoms, and the patient did experience some relief for a few hours, after which, hiccup and vomiting came on; the belly was tense, the pulse feeble, and the patient died eleven hours after the operation. Considering death to have been produced by gangrene of the intestine, the author wished to assure himself by examining the body. He found the omentum rolled on itself, and embracing tightly the ileum, and which formed a noose, both extremities of which adhered strongly to the mesentery and the middle of the intestine, so that the continuity of the intestinal tube was interrupted by this kind of ligature. The author thinks it probable that, originally, the omentum formed in part, perhaps wholly, the hernia, and that this viscus, long dragged down, became lengthened, and floated in the abdomen. He conceives it equally probable, that in the fall which the deceased experienced, the intestine first protruded, closing completely the ring, so that the omentum, which at this moment was found to tie it in some measure, was only engaged in its curvature to a small degree, and consequently did not a little contribute to its strangulation. Hence the rapid adhesions which were formed between them, and which escaped into the abdomen as soon as the opposition at the ring was removed; but that which was produced by the omentum always exerting, perhaps too increased by the position of the parts after reduction, kept up the symptoms, and caused the fatal termination. The author tells us, that if he had been aware of this state of the parts he would have prevented their return till he had freed the intestine from its adhesions; but the omentum was not nor could not be perceived; the appearance of the intestine was favourable to its return, and there was no reason whatever for suspecting the state of the parts within the ring. This case deserves attention, in as far as it adds to the instances, not very numerous, of strangulation produced by the omentum or mesentery within the ring, and which shews the necessity for the most scrupulous examination into the state of the parts before their return.

June 10, 1803.

CASE

CASE *of a* WOUND *penetrating the* ABDOMEN *and* THORAX; *read at the Medical Society of Montpelier, by* M. BARTHE, *Professor in that University.*

A Boy received, 25 March, a wound with a long cook's knife, and which had been thrown at him by one of his comrades, at the distance of eight steps; it penetrated the left side, between the sixth and seventh ribs, three fingers breadth from this cartilaginous extremity, and which went half way, nearly in a perpendicular direction. The boy remained for some seconds in the position in which he had received it, that is, standing; and seeing himself abandoned by his comrades, who were affrighted at the accident, he determined to withdraw himself the knife. The author saw the young man soon after, together with M. Combes, and were astonished to find the exterior of the wound covered by a fatty mass, which, on examination, proved to be the omentum. The external opening was not more than four or five lines in extent, and the omentum which protruded was in a state of strangulation. M. Combes determined to extend the opening for the purpose of freeing the omentum, but which resisted his efforts to reduce it; he confined himself, therefore, to making a simple dressing. The wound was obviously extremely complicated, as it penetrated the two cavities; yet as the instrument had passed through the muscular portion of the diaphragm, the degree of danger was in some measure lessened. It was agreed immediately to bleed him, and confine him to a tisanne, made of barley water and syrup of violets. The day passed tolerably calm, but towards evening the patient complained of a sense of pain in the epigastric region, extending to the left hypochondrium, with some difficulty in respiration; and although bled a second time, the patient continued much agitated all night, and in the morning the pains already described were much increased, as well as the difficulty of breathing. It was agreed to bleed a third time, after which these symptoms diminished considerably, but increased towards evening, which induced us to recur to a fourth bleeding; the night was passed somewhat easier than the preceding. The third Prof. Pantignon, was called in, who agreed with the author and M. Combes on the nature of the wound. It was decided, that no effort should be made to return the omentum, which, though it were practicable, was not desirable, as it would pass into the cavity of the chest; since it appeared

peared most improbable that it could be made to repass through the wounded diaphragm into the abdomen, so that this body remaining in the thorax, would necessarily impede the motion of the lungs; when, on the contrary, by attaching it to the edges of the wound, there were hopes it might adhere to the edges of the pleura and fixed to the cicatrix, that it could not impede the motion of the thoracic viscera. A ligature was, in consequence, thrown round to prevent its return, and the regimen was continued. The evening of this day the patient appearing to suffer much, and to have much difficulty in respiring, he was bled once more. This remedy was indicated as well by the age, by the temperament of the young man, as by the beneficial effects which, at each repetition, were observed to follow. On the fourth day the symptoms were much diminished; no pain, and hardly tension of the epigastric region; heat was less; respiration easy; but the motions of inspiration and expiration succeeded each other with unnatural quickness. The patient was allowed the use of light broth.

On the fifth day suppuration commenced, and increased on the following days, without, however, exceeding the quantity which might be expected from the size of the wound. All the symptoms declined the 6th, 7th, 8th, and 9th days. Nothing particular occurred till the 16th day, when the protruded portion of omentum separated, which was in size equal to a large filbert nut; the patient was allowed greater latitude of diet, and the 30th day he was perfectly well. The author has since learned, that this young man enjoys the most perfect health, and fulfils the duties of a country life, which he has adopted instead of that of a cook, his original profession.—This case appears to us as extraordinary in its nature, as well as in its results. It is obvious that the knife must have penetrated the two cavities, without touching either the apex of the heart, or great extremity of the stomach, both in the neighbourhood of the part where the diaphragm was pierced. It must also have happened, that no artery of any size was divided, as the intercostal, phrenic, or any branch of the gastric; the perpendicular direction in which the knife passed, is the probable cause of these parts having escaped. It appears that the omentum was forced out by expiration. With respect to the result, this case offers the remarkable instance of a ligature of the omentum under these peculiar circumstances. It is not easy to imagine what change took place in that part, pushed through the diaphragm, but

but lying within the wound. An isolated fact of this sort, certainly does not destroy what practice has already established on the dangerous nature of wounds of this kind, but affords the truth of this consequence, really philosophical, that, on every point of doctrine, even those best founded and most firmly established, we should admit exceptions from which practical advantages may be sometimes drawn.

On the Causes *of* Irritability *and* Excitability; *by* M. De La Melhere.

[Continued from p. 25. — 29.]

OTHER physiologists have imagined they found in the structure of nerves the cause of irritability and excitability. All the mechanical theories founded on the distention by fluids are abandoned, and we may add, that the fibrine, which cannot be said to possess either nerve, nervous fluid, or muscles, possesses excitability. We must, therefore, look for some other cause of contraction; and the author supposes, that it is the same which produces the contraction of a piece of leather, on which acid or fire acts; he thinks that it is a real crispation caused by the electric fluid, and which acts on it in the same way that the pile of Volta does when it oxydates metals; but he asks, How does the electric or Galvanic spark produce this crispation of the fibre or the oxydation of metals? We must, says he, consider the animal fibre as composed of a glutinous matter, which becomes thinner and shorter on being dried, and which swells and becomes longer on being moistened. The electric or Galvanic spark produces sufficient heat to crisp and contract the fibre, since it can oxydate metal. Rumford has proved, that fluids were bad conductors of heat; from which he concludes that a strong heat may exist even where it is not procured; he thinks, for instance, that a ray of light striking in the middle of water, a body which is a conductor of heat, such as muriate of silver, will produce on each of its particles heat sufficient to disengage its oxygen. He has also found, that when the rays of the sun fall on a solution of gold, that the metal is revivified; here we must suppose the production of heat. These facts, the author thinks, authorize us to conclude, that in Galvanism, the spark which penetrates the body of the animal,

animal, acts only on the solid parts, and that the heat is strong enough to crisp and produce contraction of the fibre. We have further seen that the nerves, muscles, and viscera of animals, form a Galvanic pile, in which continual discharges are made of electric fluid, from nerves to muscles, to the viscera, and from muscles to nerves; these discharges are accompanied by heat, as in the electric discharge. The heat being surrounded by fluids, which are non-conductors, is determined to the solid parts, i. e. the fibre, on which it produces a momentaneous crispation, as it oxydates metals in the pile of Volta, although it be placed in water, or surrounded with cloths. In this way only, M. De la Melhere thinks can be explained the contraction of the fibrine of the blood, when it is submitted to the positive and negative poles of the pile, for it is found to crisp as if exposed to heat.*

The nervous fluid, and the structure of nerves, also produce a peculiar action on the phenomena just now mentioned. Let us suppose with Reil, the nerve made up of nerves, making infractuosities, and in which is lodged the medullary substance; let us also suppose this substance to contain a quantity of Galvanic fluid; this medullary substance, and the fluid which it contains, will furnish a considerable quantity of electric fluid to act on the nerves. Their structure will increase this contraction. It is conceived in this hypothesis, that the nerves are absolutely necessary to the motions and sensibility of animals, since it is they which carry to the muscles and viscera this substance impregnated with Galvanic fluid, without which the animal would experience a momentaneous excitement only, as we find to be the case in the detached parts of animals. The circulation becomes necessary by keeping up vital heat, which is necessary to Galvanism.

Of the Cause of Motion and Sensation in Animals.

From what has been just said we may suppose, that in the natural state of an animal there is a state of equilibrium.

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* This I think a very probable explanation of this, otherwise very singular, phenomenon. Having been present at the experiments, from which the irritablility of the fibrine was inferred, I can affirm that the contractions or motions which were perceivable, resembled extremely those which heat does produce on similar substances; in giving testimony, however, to this fact, it is not intended either to admit the analogy between the phenomena produced by electricity on the fibrine and muscular contraction, nor to assent in any manner to his explanation of that property in animal matter.

brium between the Galvanism of the nerves and that of the muscles and other parts, as in the Leyden phial charged. The following is the manner in which the author thinks of the mechanism of motion and sensation. A sensation is produced only when a substance strikes the surface of the body, as in the sense of touch. The skin of the animal being compressed, as it contains many nerves, dispersed on a kind of aponeurotic substance, the equilibrium is destroyed by this contact, exactly as takes place when the torpedo is touched; the consequence is a Galvanic discharge. Under common circumstances the discharge is too slight to produce a commotion similar to what takes place in the torpedo, yet it is sufficiently strong to produce a commotion in the nerve to its very origin in the brain, where we suppose the sensitive principle exists. This impression continues, as in the Galvanic pile, as long as the body, which touched, remains on the skin. As often as this discharge affects the sensitive principle, a sensation is produced. This electric discharge bringing into play the excitability of the nerves, crisps and contracts them as well as the muscles to which they are distributed, and the animal is moved by the same cause which moves frogs and other animals submitted to Galvanic experiment.

The phenomena which the discoveries on Galvanism have developed, and the interest which the subject, from its novelty excites, are the motives which have induced us to deviate from our usual plan of confining our communications to practical subjects, or at least such as have a less visionary foundation. It may not be thought unimportant to know the speculations of a man who ranks extremely high among the philosophic men of France.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

SEVERAL instances of the beneficial effects of reduced temperature for the removal of gouty complaints, which have appeared in the Medical and Physical Journal, and Dr. Kinglake's request to medical men, to make known their intelligence on the subject, have induced me to communicate the following case.

Moses

Moses Simons, aged 54, accustomed to a very liberal use of spirituous liquors, had been afflicted with gout generally three or four times a year for ten years, sometimes in his hands, at other times in his knees, but his ancles and toes chiefly suffered; when those parts were attacked they swelled, inflamed, and had a glossy appearance, attended with a burning sensation, sometimes his head and stomach were also affected with pains, and the latter with nausea and dyspepsia.

About two years ago, when his toes happened to be affected with gout, a neighbour of his, (not a medical man) called to see him, and advised him to hold his foot under a cock of cold water; by the help of a stick he with difficulty walked about 100 yards, and kept his foot for ten minutes under a large cock, from which cold water was poured with great force, during which time he heard a crackling noise issuing from his foot, and found such immediate relief, that he threw aside his stick and walked to his house with ease, and has not since had any return of gout, or symptoms of it, unless an extensive livid coloured inflammation with very little tumour, which took place a year ago in his left hypochondriac region, may be considered as of that nature. As this inflammation remained stationary several days, he sent for me; I thought it might not suppurate, and after he had taken some laxatives it subsided without disquamation of the cuticle; a fortnight afterwards another inflammation took place in his arm, which soon became hard and pointed as a phlegmon; warm poultices were applied and it suppurated, forming several deep holes, which as soon as he could be prevailed upon, I laid open into one wound, and it healed in two months time; the use of his arm is quite restored and he is very well in every respect, and continues in his employment at the copper-works, where he has been for ten years exposed to great heat, and the sudden application of cold when in perspiration, and inhaling the most noisome effluvia proceeding from the furnace.

I am, &c.

R. O. MILLETT, Jun.

Hayle, Cornwall, July 28, 1803.

To

To the Editors of the Medical and Physical Journal.

Gentlemen,

THROUGH the medium of your excellent publication I learnt the successful result of the practice of Dr. Kinglake in arthritic complaints, by diminished temperature; I have therefore taken the liberty of submitting the following case of rheumatism for your consideration, treated in a similar manner.

F. G. a seaman of one of his Majesty's ships, aged 23, while cruizing on the coast of France in very hazy weather, was attacked in the evening of the 2d of last June, with general acute pains in the limbs and head; great heat and thirst; pulse quick and full. I immediately took sixteen ounces of blood from the arm, and administered the following bolus:

℞. Pulv. antim. (P. L.) gr. iij. calom. gr. v. confect. damoc. q. s. ft. bol. h. som. sumend.

3d. A profuse perspiration in the course of the night relieved, in a tolerable degree, the pains in the upper extremities; but those of the lower ones were augmented, together with one ancle and knee swoln, and considerably inflamed. Head easy, thirst and general indisposition continued, proceeding, I imagined, from the excruciating pain which existed in the lower extremities. I enveloped them in cloths well wet with cold salt water, which, from the excessive temperature reigning, I was obliged to get renewed about every fifteen minutes, as the moisture evaporated as quick as if they had been exposed to a fire. Administered pulv. ipecac. c. h. som.

4th. Upper extremities perfectly easy, and lower ones considerably relieved; inflammation of knee and ancle very much diminished; skin moist, pulse soft, bowels regular, &c. Continued the cold water as before, and repeated the pulv. ipecac. c. at bed-time.

5th. Rested well during the night; phlegmon removed; and tumefaction nearly so. Pains in lower extremities were very trifling; pulse regular, appetite good. I persevered in the use of the same remedies.

6th. Lower extremities perfectly free from pain. Rep. remedia.

7th. In the morning was free from complaint excepting debility; but in the course of the day his wrists became painful, tumefied, and inflamed. I immediately enveloped them

them in the same manner I had done the knees and ancles. Rep. pulv. ipecac. c. ut antea.

8th. Pains in the wrists relieved; and the inflammation and swelling almost disappeared. Persevered in the use of the cold water and powder. It is necessary to observe that I continued the cold applications to the knees and ancles, in order to prevent a sympathetic return.

9th. Free from complaints excepting debility and a stiffness in the lower limbs, which I ordered to be rubbed gently with a flesh-brush, and gave him half a drachm of powdered bark mixed with wine four times a day. From this time he began to recover his health and strength, and on the 16th returned to his duty.

I beg leave to observe, that this man about two years ago was attacked in a similar way, and was confined to his bed for six weeks, unable to raise either *hand* or *foot*; and I have every reason to believe, from the violence of *this* attack, that I should have had him confined for the same length of time, if not longer, had I pursued the usual method of cure practised on these occasions; but the sensible and judicious *practice* of Dr. Kinglake in arthritic complaints, pointed out to me a remedy at once effectual, speedy, and *cheap*, for the relief of one of the most painful and tedious complaints incident to the human body; and a complaint that is extremely prevalent in his Majesty's navy, particularly when employed in the channel service.

Before I had an opportunity, owing to an unavoidable absence from my native country, of reading any of your well conducted Journals, I had been in the habit of making use of cold water in local affections of the joints with considerable advantage; I therefore, with a tolerable confidence, hesitated not applying it in the above case.

If you think this single testimony will tend in the smallest degree to corroborate the evidence of your able correspondent in the safety and propriety of using diminished temperature for the relief of painful and inflammatory affections of the joints, whether called by the name of *rheumatism* or *gout*, you are perfectly at liberty to make what use of it you may deem fit; and if *perchance* it should merit your notice, it will amply satisfy your attentive reader.

E. O.

Mr. Chamberlaine, *on the* Amendments *of the* Medicine Act.

[Continued from pp. 165—170.]

It was a fortunate circumstance that these informations were laid, as it afforded to the Commissioners of the Stamps additional and striking proof of the mischiefs that, to an incalcuable extent, might befall innocent people from the introduction into the schedule of so many articles which had no right to a place there; nor would it have been very difficult to prove, what I, at a very early period of the business told them would be the case, and what I can declare to my own certain knowledge *has happened*, that many respectable apothecaries who kept retail shops, *have lost from one half to three-fourths of their retail, and others have entirely given it up through* FEAR? If then, such have been the losses to individuals in the metropolis, how great must have been the losses, on this account, when we take in the whole kingdom!

During the recess of Parliament, the Committee were employed in drawing up petitions to the Legislature, and in waiting on the different members of the House of Commons, who were accessible, for their assistance.

As it was not improbable, that certain circumstances might take place, which might render it necessary to petition parliament to be heard by counsel at the bar, and as such a step, if taken, might be attended with very considerable expence; to defray this, and various other expences of the Committee, for meetings, printing circular letters, advertisements, &c. a subscription was set on foot, and a liberal sum in the first instance subscribed.

But, although every apothecary, and every surgeon practising pharmacy, was liable to be implicated in the dangers to be dreaded from the Act, as it stood before the amendments took place, (the possibility of which danger I have clearly shewn in my former observations on the act*); yet there seemed an almost general apathy to prevail among the profession; for, of the numerous body of practising apothecaries in and within seven miles of the metropolis, there were not so many as twenty-four; and in the whole kingdom, not thirty to be found in the list of sub-

* Medical Journal, Vol. VIII. p. 127.

subscribers; and of the members of the College of Surgeons, notwithstanding so many of them keep shops, and even retail shops, not more than thirteen in all, including country practitioners.

Left as they were, to fight both the apothecaries battle and their own, it is no wonder if the druggists, who are a body of men materially interested in the sale of quack nostrums, (many individuals having concern in the exportation trade, and country orders, to the amount of from six to twenty thousand pounds per annum) should, into the body of their petitions, throw in a prayer for that most improbable of all improbable things, a total repeal of the act. Finding this object unattainable, the Committee then directed their fullest attention to the obtaining of such modifications of the act as should be best calculated to render the law as little burthensome as the nature of the case would admit of. With this view, a deputation from the Committee had several conferences with the Lord Mayor and the other members for the city of London, whose easiness of access, politeness and attention, on all occasions, so justly entitle them to the affection and praise of their fellow citizens.

When the Committee were favoured by the Minister with a printed copy of the amendments of the act of June 3d, 1802, a general meeting was called on the 23d of May last; the leading features of which were, a new schedule, and the addition of three new clauses.

I am well aware, that by entering into so minute a detail of *the history* of the Medicine Act, I shall be likely to incur the censure of some of your Readers who have nothing to do with it, for taking up so many pages. If none but medical men were readers of the Medical and Physical Journal, there would be just ground for blame; but I have some reason to know, that this Journal has a very extensive circulation among that description of persons who, above all others, are most affected by the act and is very generally read by them; I mean, *the druggists:* I therefore hope I shall stand excused by my professional brethren, if I enlarge a little on points which do not concern those who are not dealers in medicine, but materially import those who are.

I was particularly happy to see in the new schedule, that every article, which, by the desire of the gentleman who consulted me, I had struck my pen through, in the former schedule, as objectionable and improper to be inserted

serted, was omitted, except lozenges; and that from and after passing of the act which received the royal assent July the 4th, the apothecary, &c. is completely liberated from the restraint, which for near a twelvemonth he lay under; and may now vend, without fear of information, and without the expence of taking out a licence, all those articles of the pharmacopœia, which were unshackled previous to the passing of the late act of the 3d of June, viz. Turkey rhubarb, Indian arrow-root, Huxham's tincture of bark, Spanish juice, refined liquorice, syrup of Tolu, and several other matters enumerated in the 128th page of the 8th vol. of the Medical Journal.

Lozenges, lip-salves, issue plasters, and tooth powders had been proscribed in the lump, by the addition of the words "*of all sorts*;" but in the new schedules a modification is given, and none of these articles (lozenges excepted) are brought within the meaning of the act, unless they are sold as the invention, or secret preparation of some particular person; in that case they are liable, either with or without a printed bill or direction.

With regard to lozenges, an article of very great consumption, in the making of which, it is computed that in Great Britain only, a quantity of *refined* sugar, to the amount of not less than one hundred and seventy tons weight, is annually used, a very ample discussion took place; the issue of which discussion will appear when we come to speak of that article in our remarks on the reformed schedule.

The most regular way will be, to take the different clauses of the late act in numerical order; and collate them with those clauses in the "act to amend said act" which refer to them.

The 1st and 2d clauses remain as they were.

The first clause of the "AMENDMENT," after reciting the former act, states the expediency of repealing the schedule of said act, (of which there was great need) and of enacting another schedule in lieu thereof, and enacts that, "*from and after passing said amended act*, viz. (July 4) *said erroneous schedule, and so much of said recited act as relates thereto, shall be repealed, and the new schedule to be deemed a part of the said recited act.*"

Clause 3d. *Duties to be paid by the owners and proprietors, or makers and compounders of medicines before exposure to sale; and these duties attach, not only to articles intended for home consumption, but also for EXPORTATION.*

This

This clause was not in the old act of 25 GEO. III. and was introduced on account of the defalcations in the revenue from the practices of country dealers and their town correspondents, it being known to the commissioners that large quantities of quack medicines, (such for instance as Godfrey's cordial, by the kilderkin or whole barrel) have been sent to the country, all of which has been sold in small quantities by those who, not having the fear of the Stamp Office before their eyes, have not troubled either themselves or their customers with the payment of his Majesty's duty.

However conducive it may be towards the increase of revenue to enjoin the stamping of articles in large as well as small quantities, for HOME consumption, it is a question hereafter to be decided, how far it may be policy, to charge with the *stamp duty* articles intended for EXPORTATION. Every one acquainted with finance, knows the very great repugnance all descriptions of people testify towards that particular mode of taxation. A very trifling stamp duty, attempted to be laid on in America, first laid the foundation of those discontents, which afterwards rose to so great a height, as ultimately to cause the loss of the American dominions to the crown of Great Britain.

England seems to be the grand emporium of quackery, and, poison or not poison, English quack medicines form an article of the export trade to the amount of a great many thousand pounds per annum; and of course, the consumption of articles of which they are composed, is very great; from many of which articles the revenue derives large supplies, particularly by the duties on the spirits, sugar, cochineal, gums, and various other ingredients, also on glass, paper, &c. &c. &c. used in the preparing and uttering them.

Now, if once those countries which take from Britain the largest cargoes of quack medicines, begin to shew an unwillingness or disgust at paying the additional expence of the stamps, there will not be wanting ingenious people to take advantage of that disgust, and turn it to their own account Already have they begun to send from the continent of America, large orders to this country for the different sorts of moulded bottles, such as various quack medicines are sent abroad in, with the names of the original maker, or of the medicine itself; devices, coats of arms, &c. blown in the glass. One house only, in the drug line, in this city, exported, between the passing of the act in

June, 1802, and Christmas, three hundred gross of *empty* moulded bottles of different sorts, and, if one house alone sent out so large a consignment, to how great an amount may we not suppose the orders to have been given, when we take into consideration the very great number of houses, both druggists and glass-houses, there are in the metropolis? And for what purpose are these orders for empty bottles given? The answer is obvious. They will be filled, with imitations of British nostrums, prepared by persons employed to counterfeit them, in America and elsewhere; and the very great dealers in quack nostrums in this country, who were the persons to suggest to the minister the expediency of the measure of stamping articles for exportation, will find themselves deceived if they expect that the British stamped label will always be looked for as the infallible criterion of the genuineness of the medicine. It is far more easy to forge British stamps for quack medicines, than French assignats or American paper dollars. There are thirty-six stamps in a sheet; of course, a sheet of stamps, of the nominal value of half-a-crown each, costs the purchaser, in this country, four pounds ten shillings; whereas, in France or America, according to the price of other prints in those countries, we may suppose an engraver could afford to sell a whole sheet for sixpence or a shilling, and it would be as easy for an engraver to forge a plate of thirty-six ten-shilling stamps, as a plate of thirty-six three-halfpenny stamps; and if once this kind of traffic takes place, the revenue derived from the exportation of patent and proprietary medicines, if not entirely lost to this country, will at least suffer material diminution.

Superadded to the provisions enacted by this clause, the third clause of the "AMENDMENT" contains a new, and still stronger expedient for securing the duties; viz. "*Any person receiving from proprietors, first venders, or their agents, &c. articles subject to duty, for the purpose of selling again, without having proper stamps on each article, who shall not within ten days return the same to the person from whom such articles were received, or within the same space of time send information to the Commissioners at* SOMERSET PLACE, *and deposit such unstamped articles with the nearest* DISTRIBUTORS *of stamps, shall forfeit twenty pounds.*

The *third* clause of the AMENDMENT, being connected with the foregoing, comes properly under consideration in this place.

By

By the kindness of the Chancellor of the Exchequer, the Committee were favoured with a copy of the *new* act for amending the one so much complained of, and we were indulged with fourteen days notice to state our objections to any parts of it.

There never was an instance where the propriety of consulting persons, concerned in any particular trade or calling, before laws are made for them, was more evident, than in the *Medicine Act*. That of last year was the *third*, and still more exceptionable than the two former; which would not have been the case, had some respectable persons in the drug trade, aided by one or two well-informed apothecaries, been called into consultation, in the first instance, to contribute their advice and abilities in drawing a fair line between the preparations of the regular practitioner and the pretended arcana of charlatans and nostrum-mongers. Peculiarly fortunate was it for the gentlemen in the drug trade, who are in the habit of sending very large consignments of patent and proprietary medicines to different parts of the kingdom, and of the world, that the Committee were indulged with a sight of the new clauses before they were passed into a law.

The third clause originally stood thus. "*And be it further enacted, that upon the outside of all packages, containing* TWELVE *or more bottles, boxes, or other enclosures, sent from one dealer to another by any public conveyance, or to the Custom House for exportation, the word* "MEDICINES" *shall be written*; *and it shall be lawful for any officer of customs or excise, or of the stamp office, to open such packages, and examine if the proper labels be duly affixed to the articles*; *and, if found not duly stamped, to seize the same, &c. Officer to be rewarded for such seizure.*

By this clause, a cask or package containing three or four hundred pounds worth of drugs, and sent to an inn to go by a stage coach or waggon to the country, or to the Custom House to go by a ship, was liable to be ransacked and rummaged, if it contained so few as a dozen boxes of Scot's pills or peppermint lozenges.

This the Committee represented to the Minister; and urged, that if the clause were suffered to remain so, it would oblige them to send a servant to every inn, or to the Custom House, with every package, there to wait until an officer should come and search, in order to re-pack the goods after examination. They urged, that no officer could, or would take the pains in re-packing, necessary to

 secure

secure their goods from damage, and that packing of drugs, especially such as are contained in bottles, was so nice a business, that it is not every one of their own porters who understand it properly, and that of course, the trouble, and the damage to their goods, would be incalculable.

These representations had their proper weight with Mr. Estcourt and Mr. Vansittart, and the Committee had the pleasure to find, that in the act which received the royal assent, a material alteration was made in the clause; namely, that the right of searching packages, by excise, stamp, or custom house officers, should be restricted to cases, "*wherein information on oath shall have been given before a magistrate of there being actually unstamped articles in the package, and obtaining such magistrate's warrant in writing to authorize the search.*

The fourth section or clause, which enacts that "*Duties are not to extend to articles mentioned in the book of rates, nor to unmixed drugs, sold by regular surgeons,* remains without alteration, as to words, but there is this difference in effect, that the 19th clause does not now militate against it, as before; inasmuch as several drugs, which though *unmixed*, were rendered liable to the duty, by being named in the former schedule, (such as *Turkey rhubarb, Spanish juice, arrow root,* &c.) are now omitted in the new schedule, and exempted from the stamp duty.

The 5th and 19th clauses, stand without any alteration; and a person who should content himself with only reading the marginal reference or brief statements of the contents of these clauses, might reasonably suppose that it was impossible that this act could touch any thing that was not actually a nostrum; but, LATET ANGUIS IN HERBA. We are told, Sect. 5, that "*Nothing in this act shall extend or be construed to extend, to charge with stamp duties, medicines, prepared by regular surgeons, or apothecaries, not claiming the secret, or exclusive right to the preparing the same; and not sold as patent or proprietary medicines, nor at any time* HERETOFORE, *now, or in future, shall be by any public notice, or printed paper, affixed to or delivered with such packet, held out or recommended by the proprietors, or original or first vendors thereof, as nostrums, or proprietary medicines, for the cure, relief, or prevention of complaints.*

So far, so good. No person whatever can reasonably find fault with the wording of the clauses, as far as this goes. Tax quackery with all my heart: It is but right that

that they who place greater confidence in the unknown hodge podge of a stone-mason or a gingerbread-baker, than in the skill of an honest and able regular practitioner, should pay a tax *ad valorem*, over and above the price of the stuff, for their folly and credulity; but mark the concluding paragraph of each of these clauses—"*or as* SPECIFICS, *or as* BENEFICIAL FOR *the prevention, cure, or relief of any such distemper, malady, or complaint, as aforesaid.*"

Now, here every one must see, that the act goes farther than, I believe, was intended; for, if I understand this aright, it appears to mean, that not only every proprietary medicine trumpeted forth as a secret composition of great virtue by quacks and their agents; but that every medicine whatever, that ever "*was in the beginning, is now, or ever shall be,*" either publicly advertized, or sold, or dispensed, with a PRINTED DESCRIPTION of its properties, and the manner of using it, *be it* NOSTRUM *or* NO *nostrum*, must be ornamented with the quack-doctors red striped livery! This would appear as if intended as a tax upon science; because there is a possibility that there may be found particular preparations, promulgated by men of liberal principles, who would detest nothing so much as quackery, which preparations might require such cautions and instructions as to their use, as could not well be committed to memory, nor very conveniently, on account of their length, &c. given in writing. Such as these, on account of the printed instructions, it must appear very hard to include in the general mass of quack nostrums; but so I apprehend must be the case, as long as the concluding words of the clauses above alluded to, make a part of the act.

The 6th, and from thence to the 20th, relate to the rates of duties on licences and stamps; to the modes to be observed by vendors, penalties for fraudulent dealings, &c. but the rigours of the 21st, 22d, 25th, and 28th clauses of the act, are much mitigated by the mild and judicious alterations which are made by the fourth and fifth clauses of the new act, or "AMENDMENT."

For, whereas by the act of the 3d of June, the shops of medical men and druggists were laid open to the mercy of informers of every description, the 4th clause of the "AMENDMENT," enacts, that "*No person shall commence any action, or proceed before any justice in a summary way, for any penalties under the recited act, unless in the name*

of

of the Attorney-General, or some persons appointed by the Commissioners of Stamps; and every action commenced by or in the name of any other person, not so authorized, are declared null and void."

This is an important clause, inasmuch as it secures the fair dealer from the intrusion of every vagabond who either is, or pretends to be, an informer; and as the Commissioners of Stamps are gentlemen of humanity and liberality, I trust we may safely confide in the assurances communicated through their solicitor, Mr. Estcourt, that they will not prosecute on every trifling and unintentional offence against the act; and where it evidently shall appear that the party offending is innocent of every real intention of fraud, or EVASION.

And it is very necessary this clause should be made known, that all who are concerned may understand, that while the Commissioners are determined to exercise lenity on the one hand, so on the contrary they will hold the rod of correction in the other, over the *wilful* defrauder of the revenue, who will have a stronger power to contend with than the pocket of the *common* informer, as he will have the purse of the nation to combat. It may be also of use for many persons in the country, to know that none but persons acting under the jurisdiction of the stamp office have any right to molest them; as there are many wretches going about, who pretend to be informers, and who threaten timid and *law*-ignorant apothecaries, and their widows, and also shopkeepers who deal a little in drugs, with expensive law processes, whose only object is to terrify these poor people into a compliance with their exorbitant demands, and pretend to compound their sham actions for a few guineas.

[To be continued.]

A SHORT HISTORY *of the* YELLOW FEVER *which prevailed at Norfolk in the Months of August, September, and October,* 1801; *with some Account of the Diseases that preceded and followed its Appearance. Communicated by* DRS. SELDEN *and* WHITEHEAD, *in a Letter to* DR. MILLER, *of New York, dated Norfolk, July* 15, 1802.

THE great influence of the weather and climate over the health of man, especially when combined, in places of crowded population, with the agency of local causes, is universally

universally allowed. At no time has the truth of this observation been more conspicuously verified than during the summer and autumn of the year 1801, in most parts of Virginia, and in a particular manner at Norfolk.

The spring was extremely cold, and the progress of vegetation consequently very slow. The first week in May had elapsed before the trees were completely covered with foliage. The 25th of June had arrived before we began to feel any inconvenience from the heat of the weather, being sheltered from that degree of it, usual at this season, by frequent falls of rain, and a cloudy sky, which had hitherto prevailed. The thermometer had varied from the 70th to the 87th of Fahrenheit, which it had never exceeded, in the hottest part of the day, previous to the last six days in the month of June. But, from this time to the beginning of July, the weather was serene and intensely hot; yet no sensible effect was observed to result from it, either on the health or prevailing diseases of Norfolk, as it was immediately followed by occasional falls of rain, and that cloudy sky which had obtained so generally in the months of May and June. This state of the weather continued, with little variation, till the 23d of August.

Early in June, numbers began to be affected with intestinal fever, under the different forms of diarrhœa, or of dysentery. In most instances these complaints ran a tedious course, exhibiting symptoms of severity or mildness corresponding exactly with the variations of the weather. Nor was it in Norfolk only that febrile diseases, at this time, seemed to fall chiefly on the intestines; throughout the State similar complaints prevailed; but the attacks were more frequent, as well as more violent, in this town, Richmond and Petersburgh. The number of those affected with this form of disease increased gradually as the summer advanced; and though, in some cases, great distress was experienced, and dangerous symptoms sometimes made their appearance, yet instances of death were rare; and the greatest part were neither confined in their apartments, nor compelled to relinquish their ordinary pursuits. The town was, in other respects, during the whole summer, uncommonly healthy; and as those affected with bowel complaints were generally of the old inhabitants, who had been proof against the attack of the much-dreaded epidemic of the United States, this circumstance was regarded by some as affording reasonable grounds of belief that the atmosphere of Norfolk was free from those causes necessary to the production of yellow fever, and that, for this year,

year, we should escape the ravages of this direful calamity. But these flattering hopes were speedily cut off.

During the whole of the month of August, and particularly after the 23d, some sporadic cases of yellow fever were reported to have occurred; but these were almost entirely confined to the shipping and Marine Hospital, and obtained neither the name of an epidemic, nor caused any alarm or uneasiness among the inhabitants of the town. On the 1st of September, however, the weather became extremely hot, calm, and serene. Not a cloud was to be seen, for eleven days, to afford shelter from the scorching rays of the sun, which, for that time, were poured upon us with increasing violence. By a thermometer, fixed in a passage with free circulation of air, eleven feet above the level of the street, and twelve from a door fronting the south, in a part of the town well ventilated, and not crowded with houses, the mercury frequently rose to 94, and was seldom below 90, in the hottest part of the day, from the 1st to the 11th of September. At ten o'clock in the night, during the same space of time, the mercury was found several times standing at 90 degrees of Fahrenheit.*

This extreme change of weather, in the beginning of September, was, as might have been expected, followed by one not less remarkable in the form of the diseases of Norfolk. The intestinal fever entirely disappeared, and, by the 7th or 9th of the month, the cases of yellow fever had become so numerous as to deserve the name of an epidemic, and rouse public apprehension; while those persons (as far as our observation extended) who had laboured under the former affection, were found generally not subject to an attack of the latter disease. On the 10th and 11th the number of the sick increased greatly; but, on the afternoon of the last of these days, the mercury fell to the 71st of Fahrenheit, and the wind, which had blown from the S.W. since the beginning of the month, veered about to north-

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* No very accurate idea of the temperature of the atmosphere in which the inhabitants of Norfolk lived, and transacted business, can readily be collected from the thermometer, during the first three or four days after this change of weather commenced. The earth, the houses, and the air contained in them, had been so cooled by the rains and cloudy weather immediately preceding, that several days elapsed before these instruments were completely under the influence of the heat which pervaded the atmosphere of the place. To this cause is to be ascribed the very considerable variations of the mercury observed at this period in Norfolk.

north-east, with a cloudy sky, and some rain. But this change did not stop or check the progress of the epidemic: on the contrary, so much more frequent did the attacks of this form of fever become, from the 11th till the 15th of the month, that the mind was strongly impressed with the belief, that the rapid increase of disease had, in some measure, arisen from the sudden change of the weather which then took place, although such as is generally supposed favourable to health. We believe this will generally happen in situations favourable to the generation of yellow fever, when the change of temperature from heat to cold is sudden, but not sufficiently great to check, or extinguish wholly, the seeds of the disease.* Whether the cold, on this occasion, acted, according to the opinion of Dr. Rush, by accumulating excitability, and thereby rendering the system more sensible to the stimulus of the disease; or whether, by checking powerfully sensible and insensible perspiration, and detaining within the body secretions which Nature, under the influence of an unusually powerful stimulus of heat, finds necessary to eliminate, this sudden fall of the temperature overthrew the equilibrium and healthy actions of the system, in corrupting, in some measure, the whole mass of circulating fluids, and thereby disturbing and altering the various secretions formed from them.

We shall not here enter into a detail of those causes, unfriendly to health, which may be considered as arising from the situation and state of our town. Such an account would differ but little from that given in the 4th volume of the Medical Repository, p. 329, and to it we refer in this particular. But others, besides atmospherical and the local causes of Norfolk, combined to augment the spreading of the yellow fever. On account of the high price given for American produce in England, all the ships fit for the purpose that could be procured, had been constantly dispatched, during the summer, for that market; so that, in the months of July and August, the harbour was almost entirely clear of shipping, and very few sailors remained in the place. Previous to the commencement of the hot weather in September, several vessels, at different times, had arrived from Europe, with a great many passengers on board. Those who remained in town had hitherto suffered little from sickness; but, after being exposed to the extreme heat

* Vide Rush on the Yellow Fever of 1793, p. 30 et seq.

heat in the beginning of this month, many of them were taken sick; and being generally, from their indigent circumstances, badly lodged and attended, numbers of them fell victims to the disease. The wind, which, on the 11th, changed from south-west to north-east, brought in a vast number of vessels; so that, by the 15th, our harbour was crowded with ships, chiefly from Europe. The fever now spread rapidly, and increased in malignity; and many of the sailors and passengers of those newly arrived ships were among the number of the sick. It was, no doubt, unfriendly to the health of the seamen to be employed in discharging so many cargoes, near one place, at the same time. To unlock so many reservoirs of air, which had been so long pent up, and rendered impure by the circumstances of a long voyage, was not only prejudicial to the health of those who, in the presence of a prevailing epidemic, were compelled, in some measure, to live in it; but, when wafted into the adjacent parts of the town, by the wind blowing from that quarter, might contribute to augment the malignity of the disease which already existed there. About the 20th of September the disease was at its height, but it continued to the end of the month, with very little abatement of its violence; the cool weather, which came on the 27th, producing little alteration, either as to the frequency of the attacks, or the course and severity of the symptoms. It gradually declined during the month of October; and, by the 1st of November, scarce a vestige of it was to be found.

But, in proportion as the yellow fever subsided, the intestinal complaints that preceded its first attack began to re-appear. Towards the end of October, many recoveries from the fever were rendered tedious by a dysenteric affection supervening; and some who had resisted the violence of the former, sunk under the wasting influence of the latter disease. The dysentery was, however, confined to no particular class of the community, like the fever; nor was it marked with that character of malignity which often attends it when it appears as an epidemic.

The number of deaths, during the present epidemic, was fully as great, for some weeks, as in that of 1800; although, during the continuance of the fever, fewer died in this than in the former year. The deaths occasioned by the fever we are now describing, were evidently greatly augmented by the accidental arrival of vast crowds of emigrants from Great Britain and Ireland, during the violence of the fever; who, being mostly of the laborious poor, and

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with large families, without the means of comfortable subsistence, were placed in the most unfavourable circumstances for recovery; and their whole families thus fell a sacrifice to the ravages of the prevailing distemper.

The plan of treatment pursued this year was, in many respects, similar to that adopted in 1800, of which we have formerly given some account. The lancet, however, was more sparingly employed, as symptoms indicating its use seemed less to require it. Calomel, in all cases, was liberally exhibited, both with a view to produce, in the commencement, a full and speedy evacuation, and afterwards, also, in such forms as have been found to bring on most readily a salivation; which, in every instance, with us, as has been often noticed by others, was followed by the certain recovery of our patient. Where topical affections occurred we had recourse to local remedies. Cupping and vesication, when early employed, afforded, in such cases, very frequently, great relief. Neither theory nor experience warranted the early exhibition of bark; we always deferred it till some change in the febrile symptoms began to appear, and the irritability of the stomach had abated: But, under every form of treatment, numbers fell victims to the disease. In this juncture, being desirous of making every effort that promised any advantage, we had recourse to a remedy we had last year tried in a few cases with some benefit, and now found attended, as far as it was carried, with unequivocal success. This was the liberal affusion of cold water; not on the plan prescribed by some of the writers of the West-Indies, but in a mode similar to that recommended by Dr. Currie, of Liverpool.

The first trials were made on young robust British seamen; and the good effects of the remedy equalled our most sanguine expectation. The pulse often, after the affusion of the cold water, was thereby reduced thirty strokes in a minute; the burning heat of the skin was greatly lessened, and the thirst, head-ach, and other uneasy symptoms, were much alleviated. The patient generally found himself so much relieved and refreshed after the cold bath, that he submitted, not only without reluctance, but with pleasure, to a repetition of it. If called in on the first or second day of the attack, we first directed a strong dose of calomel and jalap, in order to procure a full evacuation from the bowels; after which the patient was ordered to be carried on deck, with only a great coat thrown loosely around him, and three or four buckets of salt water from the river to be poured on his head and naked body. This operation

was

was repeated, when the febrile symptoms threatened to return with their former violence. Three times a day was usually sufficient. We rarely found it necessary to continue the use of the cold water longer than the fourth day; during which time the bowels were generally kept open by the occasional exhibition of a bolus of calomel.

From the great benefit experienced in the two or three first trials, we proceeded to recommend it with confidence. Of all those patients to whom we had an opportunity of exhibiting this remedy, on or before the second day of the attack, we had the good fortune not to lose one; but after this period, when the fever had begun to subside, without symptoms of amendment, the affusion of cold water seemed to serve only to hasten the fatal catastrophe. In no instance was it used without the exhibition of calomel at the same time; and we might have been inclined to ascribe to the last mentioned medicine the sole merit of the cure that was accomplished, had it not failed, with us, sometimes under the fairest trials.

No disagreeable effect was produced by combining the use of calomel with the affusion of cold water; nor, in a single instance, did the mercury occasion salivation, although the discharge from the bowels was scarcely as great as when it was used alone in the cure of the disease. But, in almost every instance which terminated favourably, when the cure was trusted to calomel alone, without the cold bath, some degree of salivation came on, and the appearance of this discharge was beheld with pleasure, being regarded as an infallible mark of safety.

It is with the fullest conviction of the superiority of this plan of treatment to any we have yet tried, that we venture to record its effects. The subjects of our experiments were those in whom we found the disease to attack with the greatest violence in the commencement, and to act with the most fatal force on their constitutions. We shall attempt no theory of the manner in which the salutary effects of cold bathing in yellow fever are produced, nor venture to recommend it as a certain remedy; but we think that, in the hands of a skilful and judicious physician, it may often prove a powerful auxiliary, in enabling him to combat the fatal effects of that direful calamity we have been describing.

ADDITIONAL REMARKS *on* MR. CRUIKSHANK'S EXPERIMENTS *on* FINERY CINDER *and* CHARCOAL. *Communicated to the Editors of the Medical Repository of New York, by* DR. JOSEPH PRIESTLEY, *in a Letter dated Northumberland, November* 15, 1802.

THOUGH I have sent you several remarks on Mr. Cruikshank's observation on my argument for the doctrine of phlogiston, from the experiment with finery cinder and charcoal; yet as he has replied, and the French chemists, the great patrons of the new theory, acquiesce in and applaud his answer, I have been led to give more attention to the subject; and this has suggested further proofs, as they appear to me, of the fallacy of his hypothesis. That the chemists in this part of the world may have an early opportunity of forming a judgement on the state of the controversy, which is certainly of considerable importance, I send you the following distinct statement of my objections to the *principle* which Mr. Cruishank has assumed which is entirely different from that of Mr. Berthollet, or that of Dr. Woodhouse, and in my opinion more exceptionable than either of them.

1. Mr. Cruikshank's hypothesis requires, that in the process of heating finery cinder and charcoal, the oxygen in the finery cinder should quit that substance, and unite with carbon in the charcoal, in order to form *fixed air*. Since, however, this fixed air is to be decomposed, the oxygen which it has got from the finery cinder must be separated from it, and enter into the same calx again. But while the heat continues the same, I deem these contrary effects to be impossible. If the degree of heat that is applied expel oxygen from the calx, it will certainly prevent its return; consequently, if fixed air could be formed, it could not be decomposed, in these circumstances.

2. If the oxygen should quit the fixed air, nothing would remain of it but carbon, as before their union; and this is a solid substance, incapable, without the aid of oxygen, of assuming the form of *air*. Whence then comes the inflammable air in this process, which so nearly resembles that from charcoal and water, that they must have the same origin? And in this case Mr. Lavoisier himself decides that whatever is *inflammable* in it must come from *water*.

3. Admitting all that Mr. Cruikshank alleges, concerning the difference in the specific gravity, and other circumstances, between the air from finery cinder and charcoal, and

that from water and charcoal, it is not so great as the difference between this latter and the light inflammable air from the metals with acids or water. Different as they may be in other respects, they are all *inflammable,* from their affinity to oxygen, and their property of uniting with it in a certain degree of heat; in consequence of which they are alike the reverse of *oxyds,* and must be classed among *combustible substances,* equally with sulphur and phosphorus.

4. If the oxygen, after quitting the finery cinder, entered into it again, it would make it finery cinder as at the first, or at least in some degree. But the calx is completely revived in this process; the iron so revived being as soluble in acids as any iron whatever.

5. If the iron should be completely revived in the former part of this process, by the oxygen wholly leaving it, I maintain that it could not by any degree of heat decompose fixed air; since this cannot be effected by the heat of a burning lens of sixteen inches diameter, in the space of several hours, in only a very few ounce measures of the air. Mr. Cruikshank's process with *bladders and a gun barrel,* I have frequently used, but I never had any satisfactory result. The scale he found on the iron, I have no doubt, came from moisture in the air or the bladders.

6. Mr. Cruikshank seems to think that charcoal cannot contain any oxygen; but Mr. Tennant's fine experiment decisively proves that it does. For where are we to look for the oxygen (which we all acknowledge to be a component part of the fixed air) which is separated from the marble, but in the charcoal that is produced? And in that it makes part of a solid substance, and does not take the form of air.

7. Since oxygen and all combustible substances unite and explode, in a certain degree of heat, the oxygen expelled from the finery cinder uniting with carbon from the charcoal when red hot must enable it to burn; and therefore, in these circumstances, there ought to be an explosion, or at least a gradual combustion of them in the course of the process, as there is when oxygen is put to the same substance and heated with it afterwards.

It is now near twenty years since this new theory was advanced, and from that time to the present I have not ceased to express my opinion of its fallacy, and to give my reasons for that opinion; but I have not till very lately been able to draw much attention to the subject. Now, however, that I have succeeded in this, I flatter myself that the controversy will come to a speedy termination.

MONTHLY

MONTHLY REPORTS.

Cases admitted under the Care of the Surgeon of the Finsbury Dispensary, St. John's Square, Clerkenwell, from July 10, to August 10, 1803.

Phlegmone Artuum	2	Gonorrhœa	1
Hernia Humoralis	1	Hydrarthus Ischii	1
Ophthalmia	1	Eruptio	1
Erysipelas	3	Tinea	2
Abscessus Axillæ	1	Varices	2
Mortificationes	3	Scrophula	1
Ulcera Cruris	13	Rachitis	1
Contusiones	6	Steatoma	1
Vulnus	1		
Fractura Brachii	1	Total	47
Lues	5		

Nearly about the present season of the last year, during the most intense heat of the summer, I had occasion to observe that the diseases which created most alarm, and which were extremely frequent, were Gangrenes; the same remark pertains to the present season; during the month which this Report includes, there have been several cases of the kind, two of which have arisen spontaneously, have advanced in the most rapid manner, and have every appearance of a fatal termination.

The trivial nature of the origin of these diseases, and their rapid progress, seem to indicate a very peculiarly languid state of corporeal energy; which, in some measure, may be attributed to the excessive heat of the season, acting on constitutions, perhaps, not previously of the soundest stamina, and on persons rather advanced in life.

The subject of the first of these cases is a woman of 60 years of age, of a delicate habit; some weeks since a small pimple appeared under her right breast, which she rubbed off by accident; the edges inflamed and the centre assumed a gangrenous aspect; this centre very speedily enlarged, spreading in every direction. When I first saw it, it was about as large as a half-crown piece; I directed fermenting cataplasms, and internally cinchona and opium; no interruption to the progress of the disease was, however, produced; the integuments and cellular membrane sloughed; and as it contined to separate in the centre, the mortification proceeded along the circumference; the whole of the right breast sloughed away; and at the present time, the extent of the disease is from the axilla upwards to the

groin downward, and from the centre of the sternum and linea alba forward, nearly to the spine, in a posterior direction.

The other case is in an aged man; the disease proceeded from irritation produced by scratching the foot; gangrene commenced, and destroyed nearly the whole of the foot to the ancle-joint; the progress of the disease has however ceased, and a separation has commenced, but in all probability amputation of the limb will be required, as Nature appears sinking, and unable to support the length of exertion requisite to throw off parts of such small degree of vitality as the tendons and ligaments, which occupy so large a part of the foot.

No. 68, Hatton Garden. J. RICARDS.

Account of Diseases in an Eastern District of London, from July 20, to August 20, 1803.

ACUTE DISEASES.		Paralysis - - - - - -	2
Scarlatina - - - - - -	4	Vertigo - - - - - - -	2
Scarlatina Anginosa -	3	Cephalæa - - - - - -	7
Rheumatismus Acutus -	5	Hypochondriasis - - -	3
CHRONIC DISEASES.		Hæmorrhois - - - - -	5
Tussis - - - - - - -	12	Prolapsus Ani - - -	1
Tussis cum Dyspnœa -	6	Rheumatismus Chronicus	8
Phthisis Pulmonalis - -	2	PUERPERAL DISEASES.	
Hydrops Pectoris - -	5	Ephemera - - - - - -	4
Dyspepsia - - - - - -	8	Dolores Post Partum -	6
Enterodynia - - - - -	9	Mastodynia - - - - -	4
Diarrhœa - - - - - -	7	INFANTILE DISEASES.	
Ascites - - - - - - -	3	Ophthalmia - - - - -	2
Anasarca - - - - - -	5	Ophthalmia Purulenta -	1
Apoplexia - - - - - -	1	Aphthæ - - - - - -	6

During the last few weeks there has been much less disease than has been experienced for a considerable time. The weather has been uncommonly fine, and, whilst we rejoice in it as peculiarly favourable to the different productions of the vegetable kingdom, and highly gratifying to the views of the husbandman, we feel no diminution of this pleasure from the fear of its appearing unfavourable in any other point of view. The animal as well as the vegetable kingdom exhibits signs of health and vigour. Although, however, it has been a season of pretty general health, there have been some instances of disease. Numerous

cases

cases of Scarlatina have occurred. Several of these have appeared in the simple form, unattended with any affection of the throat. The shivering by which the disease is generally introduced was slight, and the other symptoms of pyrexia were such as not to occasion any alarm. Nor in the instances of Scarlatina Anginosa did the soreness of the throat, or the fever accompanying it, put on any alarming appearance. In some of the patients, slight anasarca succeeded the other symptoms, but in others there was no appearance of this kind.

CRITICAL ANALYSIS

OF THE

RECENT PUBLICATIONS

ON THE

DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

The Edinburgh Practice of Physic, Surgery, and Midwifery, continued. Vol. 3 and 4, Surgery. Vol. 5, Midwifery.

Two volumes of this very respectable Compilation are devoted to Surgery, a proportion of the whole adequate to the importance of the subject. The Editor has executed his task with the same industry and fidelity as in the former volumes, and, indeed, we think this part of the work in some respects superior to the former, a greater variety of authorities having been consulted, and the selection being more extensive. This indeed may be owing to the circumstance that no author in Surgery takes so decided a lead, and is resorted to with so preponderating authority as Cullen still retains in Physic. This obliges the Compiler to take a more extensive range, and enables him to enrich his work with much valuable matter that might have been lost or neglected if he had had before him a single compleat system, which the public had been in the habit of considering as standard authority. Still we must remark that the books which the Editor has consulted are all of easy access, almost all in the English language, and such as have a place in the commonest library. A quotation from Mr. Hunter, is followed by another from Mr. Bell, to which succeeds a page from Mr. Latta, and a communication from one of the valued Correspondents of our

Journal. In scarcely a single instance has the Editor thought proper to abbreviate and condense, still less has he indulged himself in comparing opinions, approving, or condemning.

We observe with pleasure, that those parts of Surgery which are of the most general use, and concern, more or less, every practitioner, are described with particular amplitude. Of this kind is the chapter on ulcers, burns, and the lues venerea. We shall not enumerate the leading contents of these volumes; suffice it to say, that every species of injury or disease requiring the assistance of the surgeon is noticed with considerable minuteness, nor have we discovered any omission of material importance in the execution.

The appendix contains a chapter on the important art of recovering suspended animation after drowning, and the plain, intelligible directions circulated by the Humane Society, are added with due commendation. It would have been of advantage if some notice had been taken of the other species of asphixia, as that from hanging, and from noxious vapours. The medical application of electricity, and the more recent discovery of Galvanism, also make a part of the appendix. Seven plates, exhibiting different kinds of surgical instruments and apparatus, are given at the end of the volume. They are executed in a very respectable style.

Vol. 5. *Midwifery.* The style of execution of this volume resembles that of the preceding; but, we think, not with so much propriety of selection. High as Dr. Smellie's authority stands, it can hardly be considered as superseding every other; but the work of this eminent accoucheur is here quoted with such profuse liberality, that the work of the scissars in a great degree supersedes that of the pen. This observation however only applies to a part of the volume, the remainder is given with more selection.

The chapter on Hysterotomy contains the unfortunate and much disputed Manchester case, but the Compiler appears in the history of this operation to be ignorant of the supposed extra-uterine cases, and of the general state of opinion on this subject. We do not even meet with the name of Dr. Osborne, nor any notice of his valuable observations on some important points of Midwifery.

The chapter on the diseases of children concludes with a short sketch of Vaccination by Mr. Ring.

Thirteen plates are added to illustrate the contents of this volume.

As the present work is a library in itself, (limited indeed, but containing little that will not prove of utility to the practitioner) the Editor has with great propriety given a copious index, a reference to the cases, a posological table, and other helps to the reader, the advantage of which every one in the habit of consulting books must be fully sensible of, and cannot easily overrate.

Observations

Observations on Diarrhœa and Dysentery, as those Diseases appeared in the British Army during the Campaign in Egypt, in 1801; *to which are prefixed a Description of the Climate of Egypt, and a Sketch of the Medical History of the Campaign. By* HENRY DEWAR, *late Assistant Surgeon to the Thirtieth, or Cambridgeshire Regiment of Foot.* London, 1803. pp. 161, 8vo.

THE late campaign in Egypt, and the circumstance of its having been the seat of European war for some years, have made us pretty well acquainted with the medical topography of this singularly interesting country. Whatever be the event of military operations between European armies, medical science is uniformly enriched by them; for which, without going beyond our own country for examples, we may instance the labours of Lind, Huxham, and Cleghorn. The diseases of Egypt have something as peculiar in their character, as the climate exhibits; the bilious, remittent, and destructive fevers of the tropical countries with which we are the best acquainted, appear to be much less frequent in the equally sultry country watered by the Nile; but the formidable diseases of the eyes, and the more terrible scourge of the country, the plague, make a weighty balance against the African or West-Indian fevers. Diseases of the bowels, however, appear to be equally frequent and destructive to Europeans in both situations, and to require much of the attention of the medical resident. The principal physician to the French army of Egypt, Desgenettes, makes the same observation as to the liability to bowel complaints, and it proved to be often severe, harassing, and not unfrequently fatal.

The introduction of the work before us, is short and not very interesting; it is a very partial sketch of the medical history, as it gives only an account of the circumstances which appeared to predispose the troops to the complaints which are afterwards described more at large. The author begins with diarrhœa. Here we must observe, that as these diseases have been so often and so well described, and as these symptoms in Egypt were not attended with any peculiar circumstances, it is chiefly in the plan of treatment, either for cure or prevention, that we can meet with any thing particularly worthy of attention, though the whole does credit to the author's abilities and observation. On the much agitated question of fruit being a cause of diarrhœa in hot countries, the author makes the following pertinent observations:

"It is a common thing, in table conversation, to discuss the comparative merits of different fruits, as well as of other articles of diet; and to ask any medical man who is present, his opinion of their tendency on the constitution. But it is seldom that an answer can be given to such questions, that will admit of universal application. Prompt and decisive replies are either the offspring of conceited ignorance, or are thrown out carelessly to fill up conversation, and satisfy the company at the time, while we are sensible that the

opinion we give has no weight in our serious practice. I have heard it on such an occasion confidently asserted, that the most abundant use of water-melons never can do harm. Many who have eaten them freely in warm climates for a number of years, are ready to attest their innocence, and therefore treat the fears of others with ridicule. But I have known several cases in which this fruit has produced the most distressing complaints of the bowels. In these cases, a doubt could not exist of the cause of the complaint; because it commenced with a heavy sensation in the stomach, bearing a near resemblance to the taste of the fruit that had been eaten: a reluctance to this fruit was one attendant symptom of the disease; and if at any time, during convalescence, the patient was in the smallest degree betrayed into the farther use of water-melons, it was followed by a marked exacerbation of all his complaints.

"In the march to Cairo, when bowel complaints were most prevalent, the only fruits we had access to were cucumbers, melons, and apricots, with a few peaches. The apricots were often unripe, and sometimes they were soft and spoiled. The cucumbers and melons were seldom ripe, and were eaten by far too freely. These articles proved frequently exciting causes of diarrhœa. Their pernicious qualities might have been corrected by seasoning them with vinegar and pepper, particularly the latter. Every French soldier, I believe, kept a box of spices in his pocket. The same regulation among our troops would have more influence on the preservation of health in a warm climate, than such abundant supplies of animal food, without which an Englishman too often conceives himself starved."

The description of dysentery follows; and we may remark, that it is drawn up with great clearness, good sense, and accuracy. The author has indeed freely consulted Huxham and Sydenham, but he has, in several instances, very properly adapted the observations of these excellent writers to the circumstances of the Egyptian campaign, as in the following instance;

"It is necessary for Europeans, on removing to a hot climate, to employ a few simple precautions against this and other diseases. They ought, above all things, to avoid exposure to the immediate rays of the sun. They ought to conduct all their business through the day under a shade, and choose the cool of the evening, or rather the morning, after the fogs are dissipated, for walking abroad. If forced to go out at all in the middle of the day, they ought to use a very thick umbrella, forming a complete shade. The covering of the head should be of some thick white substance, and the European black hat should be laid aside. The white turban of the Turks is excellently adapted to a hot climate. Its white colour absorbs less of the heat of the sun than any other, and its numerous folds prevent the heat absorbed from penetrating to the head. In this country, indeed, such a covering would prove unpleasantly warm, as it would confine round the head the heat generated by the animal process. Here were find the external air agreeably cool, and feel

rather

rather oppressed, when much loaded with clothes on any part of the body. But, in such a climate as that of Egypt, the external heat so much exceeds any that is generated by the body itself, that a greater coolness is sometimes preserved, by confining the heat of our own bodies, than by exposing them to the external air. Those Oriental travellers, who exchange their hat for the turban, experience it to be a much cooler and more agreeable covering. The Turks and Egyptians, besides, keep their heads comfortable by constant shaving, and washing with cold water. Strangers have much greater occasion than the natives, for using such precautions. If they do not, the intense heat of the sun, oppressing the head, produces a debility which affects the whole body, and renders it liable to many other diseases as well as dysentery."

In the cure of this formidable disease, the author appears to lay much stress on flannel bandages applied to the abdomen. The advantage of this practice has often been experienced; and few practitioners have appeared to rely more on it than the author. As we chiefly wish to present to our readers what bears the sanction of actual experience, we shall extract some of the author's remarks.

" Warmth is not a secondary object. It is the very first that should be thought of. I shall give a particular account of what I reckon the best mode of covering the patient, and the mode which I followed in Egypt.

" Four or five folds of fine flannel, or a large piece of thick fleecy hosiery, ought to be laid over the abdomen, and, over this, a flannel bandage should be bound, rather tight, and in a uniform manner, from the groin, nearly to the arm-pits and back again. This mode of applying, or rather of confining, a certain degree of heat over that part of the body which is the seat of disease, is to be persisted in as long as the disease continues. When begun early, and well attended to, not neglecting the usual collateral means, it seldom fails to effect a cure. In whatever stage it is begun, with the exception of the very last, it produces a speedy amelioration of the symptoms, and cures many dysenteries that would otherwise be hopeless.

" The immediate effects of this swathing are, 1. The removal of that local torpor of the abdomen, under which a dysenteric patient often labours. Before its application, he feels as if he had no bowels, but when it is applied, the pressure which it makes restores over the whole abdomen those sensations which were deficient. 2. It obviates rawness and griping. Before applying it, the torpor which exists in the bowels is only interrupted by occasional gnawing sensations, which, on going off, leave him more torpid than before. The flannel bandage, by preventing those impressions of cold which form the chief cause of this uneasiness, does not fail to correct it. 3. It removes dejection and languor; the patient soon feels himself invigorated, and better fitted to relish the enjoyments of life. 4. It corrects that dyspnœa which is so often the consequence

consequence of dysenteric debility. The support which it gives to the action of the abdominal muscles, and consequently of the diaphragm, enables the patient to respire with much less fatigue. This effect is experienced on the first application of the bandage; but if very tight, it will in a little time create a different sort of dyspnœa, of a less languid but more stifling nature, by preventing the full expansion of the lungs. In this case it must be made a little easier. The ultimate good effects of the flannel bandage are, an increase of general strength, and a healing process in the intestines, proceeding from an improved state of the sensation in those organs. Its good effects ought to be experienced very soon after it is applied. If, in two or three days it should produce no change, we must conclude, either that the symptoms proceed from such a fixed state of disease as requires other powerful remedies, or that the disease differs from the greater part of chronic dysenteries, which certainly owe their continuance and progress in a great measure to hurtful alternations of temperature.

"When the bandage is first applied, much of its efficacy arises from its pressure. Pressure, even with the palm of the hand, often gives a temporary relief to the bowels. But after it has been continued for a week or a fortnight, the pressure is sometimes of less service, and may be diminished. In some old dysenteries the bowels are so tender, that little or no pressure can be borne. But the warmth produced by the fur or fleecy wool under the bandage, is of more lasting benefit, and should be kept up without intermission till the dysentery is cured. Though the bandage should be applied very lightly over them, the elasticity of the soft wool makes them adhere so close as to exclude all cold, in a manner that cannot be effected by the mere use of a flannel shirt.

"In order to secure the good effects of the bandage, care must be taken that it be properly applied. In serious cases, I made a point of applying it myself, trusting most to its efficacy when I thus determined the exact degree of pressure that was made. Sometimes it was apt to loosen, and especially to move upward, so as to uncover the lower part of the abdomen. To prevent this, I first made it firm round one of the thighs, and after putting it once or twice about the body, brought it round to the opposite thigh, proceeding afterwards to apply it fully round the body. It was often necessary, especially when I was obliged to employ old bandages, to keep them together with pins in convenient places, after they were applied. But the bandages used, ought, if possible, to be of new flannel, for, after they are some time wore, they lose a great part of their elasticity. With these precautions, I always found them stay on as well as I could wish. But in private practice, where we meet with some corpulent subjects, this will often be more difficult. In such cases, an elastic jacket made of strong flannel, lined with soft wool over the abdomen, and fitted with elastic wires across the back, might answer all the purposes of the bandage. It should also have a strap fixed to the front part, to pass

pass betwixt the thighs, and button again at the small of the back, in order to keep the jacket well down over the abdomen, and to protect the lower end of the rectum from cold, where that part is affected with morbid sensibility. The patent fleecy hosiery jackets sold in the shops, have not in general a thickness of wool on the part covering the abdomen, sufficient to answer the purpose; they are also too easy. Though elastic enough to apply closely to the body, I suspect they would not produce that degree of pressure on the abdomen which proves so useful, when coverings are first put on. When a jacket of this kind is to be used, an additional quantity of wool should be sewed to the inner part of the front, and the same kind of strap that I have mentioned, employed to keep it down over the belly. However, as this jacket produces but little sensible pressure, I should not altogether trust to it, without applying a roller over it, which might be pinned to the jacket, to prevent it from shifting.

This species of covering, in whatever form it is applied, ought to be kept on, even when the symptoms of dysentery begin to disappear; and, after they are gone, it ought to be laid aside with caution, and by slow degrees."

On the whole, we may consider this treatise as another instance of the excellent field of observation which the military hospital service furnishes, to those who have been rendered adequate to it by previous study.

MEDICAL AND PHYSICAL INTELLIGENCE.

Violent Effects of Oxygenated Muriat of Mercury; communicated to the Medical Repository of New York, by Dr. JAMES S. STRINGHAM.

I lately had occasion to have recourse to Mr. Addington's manner of curing gonorrhœa, a particular account of which I met with in the sixth volume of the Medical and Chirurgical Review. A married gentleman in this city had (during the absence of his wife) been attacked with symptoms of this disease. A few days afterwards he applied to me for a remedy which would remove it in the shortest time possible, as he was in daily expectation of his wife's return. He added, that should this take place before his complaint was entirely cured, his domestic comfort would be for ever destroyed. Placing some confidence in the assertions of Mr. Addington, I informed him that I did not despair of being able to accomplish his wishes in the course of a week; but that the remedies

dies I should employ were such as I had never before used; and that, as they were violent, nothing but the peculiarity of situation could induce me even to give them a trial. On his declaring himself perfectly willing to encounter every hazard, I immediately prepared for him three grains of corrosive sublimate, dissolved in one ounce of rectified spirit of wine. Of this solution he was to take one-half at bed-time, and on the succeeding morning one ounce of Glauber's salts. On the next evening but one he was to repeat the remaining portion, with the salts as formerly. He punctually complied with these directions, and called upon me on the fifth day from the time he had taken the first dose, in no respect better than before. Considering him a proper subject for prosecuting the experiment, and wishing to satisfy myself as to the efficacy of the remedy, I ordered him, two days afterwards, to repeat the solution in the same way as before, taking the salts between each interval. On the night after having swallowed the second dose I was called upon to visit him. He had a profuse salivation, violent retching of the stomach, griping pains in the bowels, with great uneasiness in the head and throat, attended with delirium. He continued in this situation during the whole of the night; the same remedies were prescribed as though he had been poisoned by corrosive sublimate. On the next day the violence of his symptoms was considerably mitigated, and in about twenty-four hours afterwards they entirely disappeared. His gonorrhœa, however, continued precisely the same, and, in three weeks afterwards, was cured by the plan generally adopted.

From this single trial, I have no hesitation to conclude, that the method of curing gonorrhœa, as proposed by Mr. Addington, is both dangerous and uncertain. The same objections will not apply here that were urged against the surgeon who denied the efficacy of this mode of treatment. The directions of Mr. Addington were in this case literally pursued, so far as common humanity would permit; but without producing the smallest benefit to the patient.

I wish to make this case public through the medium of your useful work, with the hope that it may be the mean of preventing any other practitioner being placed in the same unpleasant dilemma from which I have been so lately extricated.

Curious Analogy between the Motion of the Blood in the Arteries, and of Water in Troughs and Conduits; in a Letter from Moses Younglove, *Esq. to* Dr. Mitchell, *dated New-Lebanon Springs, January* 15, 1803.

The ingenious and profound Dr. E. Darwin, in his Zoonomia, vol. i. § 12, 1 et seq. and elsewhere in his work, very rationally, and perhaps demonstratively, accounts for the systole and diastole of the heart and arteries, as well as for the alternation of muscular exertion and quiescence in other parts, by the mere principle of *animation;* but it is a curious fact, that, from some physical or chemical

chemical cause beyond my comprehension, something similar to pulsation occurs in the running of water in an aqueduct. I have observed it in several, but most frequently and particularly in the one which accommodates my kitchen, barn-yard and hog-pen. There is an uninterrupted descent of perhaps twelve degrees below the level of the horizon in the whole distance from the fountain to my house (66 rods), in which the rapid current is only broken by a watering-post, which, in a dry time, waters several fields bordering on it. As the water ascends in a bored channel on one side of the post, to the height of seven or eight feet, and descends in a like channel on its other side, I at first imagined it might be partly or wholly owing to this ascent the flow of water in the duct is sometimes very small, slow and still, and then swift and full, with a roaring noise, and that in regular alternations of about five minutes; but I have since found that the same regular vicissitudes of flowing occur above as well as below the post.

The fountain does not afford a sufficient stream to fill the duct except in great rains; but when it runs fullest, and when it runs most scantily, the same regular succession in flowing continues.

Suppose, then, that I could construct my aqueduct anew, of some substance as flexible and elastic as a human artery, bored smaller, to fit the ordinary stream from my fountain, would not these regular alternations of flowing in it occasion a dilatation and contraction of it somewhat similar to arterial pulsation?

The above phenomenon I do not remember ever to have heard or read of; and, trivial as it seems, it may, perhaps, form a link in some important chain of research. If you think it merits publication, it is offered to the service of yourself and the public.

The Winter Courses of Lectures given at the adjoining Hospitals of St. Thomas's and Guy's, will commence in the following order: At St. Thomas's Hospital, Anatomy, and the Operations of Surgery, by Mr. CLINE and Mr. ASTLEY COOPER, on Saturday, October 1, at one o'clock.—At Guy's Hospital, Practice of Medicine, by Dr. BABINGTON and Dr. CURRY, on Monday, October 3, at ten in the morning.—Principles and Practice of Chemistry, by Dr. BABINGTON and Mr. ALLEN, on Tuesday, October 4, at ten in the morning.—Theory of Medicine and Materia Medica, by Dr. CURRY, on Tuesday, October 4, at seven in the evening.—Midwifery and Diseases of Women and Children, by Dr. HAIGHTON, on Wednesday, October 5, at eight in the morning.—Physiology, or Laws of the Animal Economy, by Dr. HAIGHTON, on Monday, October 10, at a quarter before seven in the evening.—Principles and Practice of Surgery, by Mr. ASTLEY COOPER, illustrated by select cases under his care in Guy's Hospital, on Monday, October 10, at eight in the evening. The above lectures given at these two hospitals, are so arranged, that no two of them interfere with each other in the hours of attendance, and the whole

is

s calculated to form a *complete course of medical and chirurgical instruction.* The terms and other particulars to be learned by applying to Mr. Stocker, apothecary to Guy's Hospital; who is also empowered to enter gentlemen as Pupils to such Lectures as are delivered at Guy's.

The Autumnal Course of Lectures will begin at the Medical Theatre, St. Bartholomew's Hospital, in the following order:

On the Theory and Practice of Medicine, by Dr. ROBERTS and Dr. POWELL.—Clinical Lectures on select Cases occurring in the Hospital, will be occasionally given by Dr. ROBERTS.—On Anatomy and Physiology, by Mr. ABERNETHY.—On Comparative Anatomy and Physiology, by Mr. MACARTNEY.—On the Theory and Practice of Surgery, by Mr. ABERNETHY.—On Chemistry and the Materia Medica, by Dr. POWELL.—On Midwifery and the Diseases of Women and Children, by Dr. THYNNE.—The Anatomical Lectures will begin on Saturday, Oct. 1, at two o'clock, and the other Lectures will begin in the following week. Further Particulars may be known by applying to Mr. Nicholson, at the apothecary's shop, St. Bartholomew's Hospital.

THEATRE, LONDON HOSPITAL. On Saturday, October 1, at two o'clock, Mr. HEADINGTON and Mr. FRAMPTON will commence their Lectures on Anatomy, Physiology, and the Principles and Operations of Surgery. Demonstrations as usual by Mr. ARMIGER.

The Lectures of Dr. PEARSON will commence in Leicester-square, the second week in October next. A lecture is given on Therapeutics from a quarter before to a quarter past eight o'clock; on the Practice of Physic, from a quarter past eight to about nine o'clock; and on Chemistry, from a quarter after nine to ten o'clock, every morning except Saturdays, on which days a Lecture is delivered on the Practice of Physic from eight to nine, and on the Cases of Patients from nine to ten o'clock.

Dr. BRADLEY will commence his Course of Lectures on the Theory and Practice of Medicine, in the first Week in October. Particulars may be had at his house, No. 25, Parliament Street.

Dr. BATTY's Course of Lectures on the Theory and Practice of Midwifery, and on the Diseases of Women and Children, will commence on Monday, October 10, at his house in Great Marlborough Street.

Dr. DENNISON and Dr. SQUIRE, on Saturday, October 1, will begin a Course of Lectures on the Theory and Practice of Midwifery, and the Diseases of Women and Children.

Dr. CLARKE will begin a Course of his Lectures on the Practice of Midwifery and the Diseases of Women and Children, on Tuesday, October 4, at a quarter past ten o'clock. These Lectures are given in the winter season, only, at the house of Dr. Clarke, No. 1, New Burlington Street.

Mr.

Mr. Blair's Physiological Lectures, will commence at the Bloomsbury Dispensary, Great Russel Street, on Tuesday evening, October 4, at eight o'clock precisely.

A printed Syllabus, price five shillings, may be had at the Lecture Room.

Mr. Wilson and Mr. Thomas, of the Theatre of Anatomy, Great Windmill Street, will begin their Winter Course of Lectures on Anatomy, Physiology, Pathology, and Surgery, on Monday, October 3, at two o'clock. Practical Anatomy will be continued as usual. A plan of the Course may be had by applying to Mr. Wilson, in Great Windmill Street, or to Mr. Thomas, in Leicester Square.

Mr. Taunton will commence his Lectures on Anatomy, Physiology, and Surgery, in the beginning of October. The general objects of them are to explain the structure and functions of the human body; to shew the situation and connection of the different organs with each other; and to take some notice of their transitions from health to disease, which will be demonstrated by preparations of the parts, drawings, and recent dissections, for the information of medical students, professional men, and scientific persons; and will be given nearly in the following order: Some general Lectures, explaining the structure and economy of the component parts of an animal body; then, Osteology, or the skeleton, will be explained, and the separate bones described, their different modes of union, including ligaments, joints, and luxations. Thoracic viscera, including the heart and lungs, with the laws of circulation and respiration. Abdominal viscera, stomach, alimentary canal, and digestion. Organs of generation, male and female. Arteries, veins, and lymphatics. Brain and nerves. The organs of the different senses, the ear, eye, nose, mouth, and common integuments. The art of making anatomical preparations. Particulars may be known by applying to Mr. Bartlet, Finsbury Dispensary, St. John's Square, Clerkenwell.

Mr. Chevalier, Surgeon of the Westminster General Dispensary, will commence his next Course of Lectures on the Principles and Operations of Surgery, on Wednesday the 5th of October, at seven o'clock in the evening, at his house in South Audley Street, Grosvenor Square, where a printed Prospectus may be had.

Mr. Carpue, Surgeon to the Forces, will commence his Lectures on Anatomy and Surgery, at his Theatre, Broad Street, Golden Square, on Monday, September 26. Mr. C's plan prevents him from taking more than ten pupils each course. The dissecting room will be open from seven o'clock in the morning till the evening. Particulars may be known by applying to Mr. Carpue, Leicester Square,

TO

TO CORRESPONDENTS.

Some of our Readers have signified that the concluding paragraph of the Review of the *Report of the Vaccine Pock Institution* near Golden Square, (page 190 of our last number) may admit of an interpretation injurious to both the parties alluded to; we have therefore given the whole passage from the Report, that our readers may put their own construction upon it.

"The Public have been told, even in terms of invective, and reports have been industriously propagated, that the Founders have been guilty of a flagrant act of injustice in excluding Dr. Jenner from this Institution. If our adversaries had but been thoughtful, candid, and judicious enough to have ascertained the truth of the supposed fact, to which their censures were imputed, they would have spared themselves the trouble of going further, granting (which we are not required in propriety to do) that it was an act of injustice to do what was asserted. The truth is, that Dr. Jenner was invited by one of your Reporters, Dr. Pearson, in a letter addressed to him at Be kely, his place of residence, December 10, 1799, to belong to the Institution, under the most honourable title then deemed consistent, that of consulting or corresponding physician. This proposal was declined, without intimating that any other situation would be more agreeable. Subsequently, in order to shew due respect and deference to some friends of the Institution, Mr. Brande was deputed by the Vaccine Medical Committee to wait upon Dr. Jenner, then in town, and assure him of the willingness of each and all the medical department to make any arrangement agreeable to induce him to be attached to the Institution; the Committee even went so far as to authorise Mr. Brande to say, Dr. Jenner might make what alterations he pleased in the plan of the Institution, and that if any of the officers were not agreeable to him, there was not one who was not willing to resign. After repeated applications and much delay in the spring 1800, all the proposals were declined, it being at last said, it was thought best, that there should be no Institution."

We have received from Mr. Moor, surgeon dentist, some Strictures on Mr. Fox's work on the Teeth. The object of the Writer is to controvert Mr. F's opinion respecting the vascularity of the teeth; but on comparing some of the quotations with Mr. F's book, we did not think them sufficiently correct for publication, and request Mr. M. to send for his paper from the publisher's, for revision.

The Editors have frequently informed their Correspondents, that anonymous answers to, or criticisms on, papers signed by the Authors, cannot be admitted, unless the Writer's address accompanies them in a postscript, or some other manner. It should hardly seem necessary to observe, that medical facts without the name of the Practitioner who observed them, are no facts whatever to the Public. They regret to see so many of their Correspondents disregard these often repeated hints: every month brings them many valuable Observations and Cases, which cannot be published for want of proper Signatures.

ADDENDA.

Description of Mr. Jardine's Tooth Instrument, (p. 241.)

PLATE I. Fig. 1, The instrument complete; *a.* the bolster, *b.* the slide.
Fig. 2, The bolster detached; *a.* the hole for receiving the shank, *b.* the pin-hole of the claw.

PLATE II. Fig. 1, A bad representation of the bolster and shank.
Fig. 2, The slide detached; *aa.* the holes on each side of the slide through which the shank passes, *b.* the flat side of the slide that is placed against the gum.